CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C ☐ Microfilm and destroy originals

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☒ X	☐	☐

REMARKS:

C P Force Records Management Officer 3/29/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

DEATHS

BEGINNING 1940

FILED ON FILM

IN

NUMERICAL ORDER

501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74501 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 E. Gitting St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) About 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ~~XXX~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 E. Gitting Street
(If rural give location)
(e) If foreign born, how long in U. S. A. About 56, years

3 (a) FULL NAME Frank J. Peusch

3 (b) If veteran, name war ✓ WW

3 (c) Social Security Account No. 218-10-0100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Catherine Peusch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 12, 1879

8. AGE: Years	Months	Days	If less than one day
? 61	10	0	hr. min.

9. Birthplace Europe (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Henry A. Peusch
13. Birthplace Europe

MOTHER
14. Maiden Name Caroline L. Adams
15. Birthplace Europe

16 (a) Informant Irvin F. Peusch (Son)
(b) Address Severna Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light Street
(a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12, 1940, to Nov. 12, 1940, and that I last saw him alive on Nov. 12, 1940.

Immediate cause of death Coronary Occlusion — Duration 12 hours (?)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Friedman, M. D.
Address 1319 Light St. Date signed Nov. 13, 1940

H. L. Wolfe Lowter, M.D. Asst Med. Examiner per E.R. Brantigan

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered correctly and especially important. Physicians: please write the causes of death clearly and legibly.

F 74502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 74502 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death in such a way that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2161 S Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Majors

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
58 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation railroad work
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director Tully & Zeiler Inc.
(b) Address 40 E. Lafayette Ave

NOV 14 1940 (Date filed) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940, at 10 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1940, to 11-11 1940, and that I last saw him alive on 11-11 1940.

Immediate cause of death
Bronchopneumonia
Cerebral thrombosis — Duration 2 days, 3 mos.
Due to Hypertension C.V. disease — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hospitals Date signed 11-14-40

74503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 F 74503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where applicable. Do not leave blanks. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payson & Fayette Sts
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Fenhurst Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) ____ years

3 (a) FULL NAME Mrs. John Bozich

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife ~

6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) April 25th 1919

8. AGE: Years	Months	Days	If less than one day
21	6	19th	hr. ____ min.

9. Birthplace Cameron Colorado (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Local Draft Board

FATHER
12. Name John Bozich
13. Birthplace Austria

MOTHER
14. Maiden Name Stanka Staydukar
15. Birthplace Austria

16 (a) Informant Mrs. Stanka Bozich
(b) Address Morley, Colorado

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/1940 (month) (day) (year)
(c) Cemetery or crematory Trinidad Catholic Cem.
Location Trinidad, Colorado

18 (a) Funeral director John J. Cowap & Son
(b) Address 901 E. Collins St. Trinidad, Colo.

19 NOV 14 1940 (Date rec'd by reg'r) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13-1940 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5-1940 to 11-13-1940 and that I last saw him alive on 11-13 1940

Immediate cause of death Peritonitis (Under 2)

Due to acute appendicitis

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations acute appendicitis

Of autopsy ____

Duration
6 days
8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature J M Callens M. D.
Address 202 W. Fayette St Date signed 11-13-40

VS 3

74504

F 74504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 N. Hilton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Hilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAURA VIRGINIA HISSEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Hissey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1846

8. AGE: Years	Months	Days	If less than one day
93	11	0	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Glanding
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Hummel
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Florence Hissey
(b) Address 614 N. Hilton Street

17 (a) Burial (b) Date thereof 11/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

(Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correctly, as especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to Nov 12 1940, and that I last saw h[illegible] alive on Nov 12 1940.

Immediate cause of death	Duration
Chr. Nephritis	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 704 N. Fulton Ave Date signed 11/14/40
M. D.

74505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 74505

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 W. North Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 W. North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET E. DE WALD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John A. DeWald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1867

8. AGE: Years	Months	Days	If less than one day
73	2	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Livingstone
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Scotland

16 (a) Informant Miss Miriam DeWald
(b) Address 1912 W. North Avenue

17 (a) Burial (b) Date thereof 11/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correctly and especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940 to Nov 11 1940 and that I last saw her alive on Nov 11 1940.

Immediate cause of death Arteriosclerotic Cardio Vascular Disease — Duration

Due to

Due to

Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lavy, M.D.
Address 844 W. Hoffman Ave. Date signed 11/13/40

F 74506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No.

F 74506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 Newington Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Newington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH LEONARD SMALLWOOD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Smallwood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1870

8. AGE: Years	Months	Days	If less than one day
70	9	7	hr. min.

9. Birthplace Howard Co., Maryland (Town, county, and state)
10. Usual Occupation Farmer-Retired
11. Industry or business

FATHER
12. Name Joseph Smallwood
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary Batson
15. Birthplace Howard Co., Maryland

16 (a) Informant Mrs. Gertrude Smallwood
(b) Address 813 Newington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland
18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 8:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov. 12 1940 and that I last saw h alive on Nov. 12 1940.

Immediate cause of death	Duration
(a) Myocarditis	1934
Due to (b) Interstitial Nephritis	1934
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Paul Brown M. D.
Address 1663 N. North Ave. Date signed 11/13/40

74507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 74507

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 100 N. Broadway

(c) Hospital or institution:
Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2917 Kenwick Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Justice, Mrs. Annie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John T. Justice

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1876

8. AGE: Years	Months	Days	If less than one day
64	10 11	24	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name George Bedman

13. Birthplace Md.

MOTHER

14. Maiden Name Marion Butler

15. Birthplace Washington, D.C.

16 (a) Informant John T. Justice

(b) Address 2917 Kenwick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16, 1940 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hampden

18 (a) Funeral director Rhenowith & Donovan

(b) Address 3615-17 Chestnut Ave

19 (a) [illegible] (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 13, 1940, at 12 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 1940, to 11/13 1940, and that I last saw h.e.v. alive on 11/13 1940.

Immediate cause of death Unknown

Duration

Due to .....

Due to .....

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature John T. Cale M. D.

Address Church Home Hosp. Date signed 11/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to give correct age in each case. Especially important. Physicians: please write the causes of death clearly, and report them promptly.

NOV 14 1940

VS 3

F 74508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 74508 Registered No.

PLEASE WRITE PLAINLY. With ink. Physicians: please write the cause of death in such a way that the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 713 Gorsuch Avenue

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 713 Gorsuch Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Ann Hart

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) October 20-1856

8. AGE: Years	Months	Days	If less than one day
84		12	..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation .....

11. Industry or business Sales Woman

FATHER

12. Name Francis Hart

13. Birthplace Ireland

MOTHER

14. Maiden Name Sarah Watts

15. Birthplace Baltimore Md

16 (a) Informant Mrs Minnie Buettner

(b) Address 713 Gorsuch Avenue

17 (a) Nov 15 (Burial, cremation, or removal) (b) Date thereof 11-15-40 (month) (day) (year) 1 P M

(c) Cemetery or crematory St John's Cemetery

Location Waverly

18 (a) Funeral director A S Marshall

(b) Address 3539 Fall Road

19 (a) Nov 14 1940 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 12 1940 to November 12 1940, and that I last saw h alive on November 12 1940

Immediate cause of death	Duration
Cerebral injury	
Due to Accidental Fall	
Due to	
Other Conditions Hypertension & Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 11/12/40

(c) Where did injury occur? 713 Gorsuch Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fall to floor

23. Signature H. L. Wallenmeyer, M.D. with medical examiner

Address Mercy Hospital Date signed 11/12/40

VS 3

74509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 74509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Ridgely Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Ridgely Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE A. HOOK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. H. Hook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	15 14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name CHARLES Heneker
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline ? GRUND
15. Birthplace Germany

16 (a) Informant Mrs. Mary N. Desor
(b) Address 3142 Baker Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington, West Va.

VS 3

PLEASE WRITE PLAINLY, with ... correct age ... specially important. Physicians: please write the cause of death ...

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 11:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 17 1939 to NOV 12 1940 and that I last saw her alive on NOV 12 1940.

Immediate cause of death CARCINOMA OF RECTUM — Duration 1939

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Nolan M.D. M. D.
Address 682 WASHINGTON BLVD Date signed 11-14-40

F 74510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31-F 74510 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 S. Schaarles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Fifteen

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 S. Schaarles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Eisel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret A. Eisel
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 3 - 1872

8. AGE: Years	Months	Days	If less than one day
68	9	9	hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation Grinder

11. Industry or business Own business

FATHER
12. Name George Eisel
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Johmeyer
15. Birthplace Germany

16 (a) Informant Margaret A. Eisel
(b) Address 1130 S. Schaarles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Harle Fne.
(b) Address 115 E. West St.

19 (a) [illegible] (Filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1940, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7/1939 to Nov. 12, 1940 and that I last saw him alive on 11/12/1940

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration: 13 mos

Due to —

Due to —

Other Conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St Date signed 11/13/1940

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly and especially important.

VS 3

F 74511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 74511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 567 Whatcoat St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-2

3 (a) FULL NAME Estee (Azalee) Custus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife — None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1922

8. AGE: Years	Months	Days	If less than one day
18	8	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Custis
13. Birthplace Md

MOTHER
14. Maiden Name Lucille Frazier
15. Birthplace Md

16 (a) Informant Lucille Custis
(b) Address 1533 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St

19 (a) Registrar Huntington Williams, M.D. Registrar
(b) Date received NOV 14 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1940 at 6:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11/11/40
(c) Where did injury occur? 956 N. Whatcoat St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury 38 Cal. Revolver Pistol

23. Signature [illegible] M.D. Medical Examiner.
Date signed 11/12/40

386474 F 74512 BALTIMORE CITY HEALTH DEPARTMENT ✓ F 74512

CERTIFICATE OF DEATH 51-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Asquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Finney

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-1890 (1897)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Builder

11. Industry or business

FATHER 12. Name James Finney
13. Birthplace Va

MOTHER 14. Maiden Name Louise West
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hohl
(b) Address 1 E Saratoga St

19 (a) (Date rec'd by registrar) (b) NOV 14 1940 Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-12 1940 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1940 to Nov-12 1940, and that I last saw him alive on Nov 12 1940

Immediate cause of death Respiratory failure

Due to Advanced carcinoma of the prostate

Due to Secondary bone metastases

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca Prostate

Duration: 5 months plus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Mullen
Address J H H Date signed 11-13-40

PLEASE WRITE PLAINLY. ... correct age is especially important. Physicians: please write the cause ...

VS 2

F 74513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 74513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gracie Stanley Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8507

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1892

8. AGE: Years 48 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business Elite Laundry

FATHER
12. Name Andrew Stanley
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Annie K. Thomas
15. Birthplace Calvert Co. Md.

16 (a) Informant Estella H. Stanley
(b) Address 1339 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-40 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs. Geo. H. Heiland
(b) Address 1631 Druid Hill Ave

NOV 14 1940 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1940. at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Nov 11 1940. and that I last saw h er alive on Nov 11 1940.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 2 ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Smoker M. D.
Address 1126 Druid Hill Ave Date signed 11-13-40

VS 3

3885402 F 74514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 74514 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 W Lafayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-12

3 (a) FULL NAME Rosa Bagley

4 V

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife George Bagley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-3-89

8. AGE: Years	Months	Days	If less than one day
51	10 11	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Isaac Welsch
13. Birthplace Md

MOTHER
14. Maiden Name Harriet Scott
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

NOV 14 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1940 to Nov 12 1940, and that I last saw h[illegible] alive on Nov 12 1940.

Immediate cause of death	Duration
Pulmonary edema	
Due to Rheumatic Ht. disease ? Cor pulmonale ?	
Due to Unresolved Pneumonia	
Other Conditions Old tbc (Pulmonary)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address J H H Hospital Date signed 11-12

correct age is especially important. Physicians: please write

VS 3

F 74515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83aF 74515 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecilia Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Christian F. Weber
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 17, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	27	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Zachary T. Barringer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia Crawford
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret Hoffmann
(b) Address 1639 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

(a) NOV 14 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1940 at 3.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 8 1940 to November 13 1940 and that I last saw her alive on November 13 1940.

Immediate cause of death: General Arteriosclerosis Arterial Hypertension — Duration: 1 year

Due to

Due to

Other Conditions: Cerebral Hemmlage and Pulmonary oedema — Duration: 1 Day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 2025 E. North Ave. Date signed 11-14-40

PLEASE WRITE PLAINLY. Items cannot are especially important. Physicians: please write the cause of death

VS 8

74516

Pruie J Lewis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 74516

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 1630 Abbott St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1630 Abbott St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pruie J. Lewis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Jeptha Lewis (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 63			hr. min.

9. Birthplace W. C. (town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER — 12. Name Burton Farrells

13. Birthplace W. C.

MOTHER — 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Bennie Lewis (Son)

(b) Address 1630 Abbott St.

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 11/15/40 (month) (day) (year)

(c) Cemetery or crematory

Location Littletown W. C.

18 (a) Funeral director Robert L. Young.

(b) Address 804 W. Carlisle St.

19 (a) NOV 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Address

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will convey to the lay mind the correct cause. Accurate and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 40 to Nov 12 19 40, and that I last saw h alive on Nov 11 19 40.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration
3 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph J. Young M. D.

Address 1429 E. Monument St. Date signed

F 74517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Jefferson St
(If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Cole

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1891

8. AGE: Years	Months	Days	If less than one day
49	5 6	29 2 4	hr. min.

9. Birthplace Sparks Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Quickley
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Moore
15. Birthplace Md.

16 (a) Informant Gertrude Gould
(b) Address 1425 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1940 (month) (day) (year)

(c) Cemetery or crematory Stevenson Chapel Cem
Location Sparks Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 NOV 14 1940 (Date rec'd by City) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1940, to Nov 12 1940, and that I last saw h alive on Nov 12 1940.

Immediate cause of death

Duration

Acute Bronchial Pneumonia 11/10 40

Due to Hemiplegia one

Due to —

Nov 12 1940

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen

Address 5 S Augusta St Date signed 11/13/40

PLEASE WRITE correct age is especially important. Physicians: please write the

VS 3

F 74518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Mauriks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Mathews (Matthews)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary E.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 11-1905

8. AGE: Years: 35 Months: 2 Days: 1 If less than one day: hr. min.

9. Birthplace: Rockingville, Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER 12. Name: William P. Matthews

13. Birthplace: Md.

MOTHER 14. Maiden Name: Maratta Holiday

15. Birthplace: Md.

16 (a) Informant: Mary E. Matthews

(b) Address: Mauriks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-40 (month) (day) (year)

(c) Cemetery or crematory: Pleasant Rest

Location: Laurel Md.

18 (a) Funeral director: Archibald A. Sadler

(b) Address: 2101 Mt. [illegible] Huntington Avenue, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1940, at 10:23 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1940, to 11-12 1940, and that I last saw him alive on 11-12 1940.

	Duration
Immediate cause of death: Subarachnoid Hemorrhage	6 hrs
Due to: Rupturing Congenital Cerebral aneurism	27 days
Due to:	
Other Conditions: Latent Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. A. Calloran M. D.
Address: University Hosp. Date signed 11-12-40

PLEASE WRITE correct age is especially important. Physicians: please write

74519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. E 74519

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 So Exeter st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Redmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL NOV 14 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) NOV 14 1940 (Date rec'd by registrar) Huntington Williams M.D.

186a

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1940 at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/2/40
(c) Where did injury occur? In front of 702 So Eighteenth St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public s (Specify type of place) While at work? no
(e) Means of injury Fell: head struck marble step

23. Signature Wm H Vandegrift M.D. Medical Examiner.
Date signed 11/4/40

PLEASE WRITE PLAINLY, WITH INK. Fill in all blanks. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 74520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town U (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES BARLOW ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] MEDICAL SCHOOL NOV 14 1940

18 (a) Funeral director Commissioner of Health
(b) Address By H. A. Moore

19 (a) NOV 14 1940 (Date rec'd by registrar) Huntington Williams M.D. 80338

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1940, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 11-7-40

PLEASE WRITE PLAINLY, WITH PENCIL. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 74521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. ✓ F 74521

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 Llewellyn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/7/1940

8. AGE: Years	Months	Days	If less than one day
	9	6	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Victor White
13. Birthplace S.C.

MOTHER
14. Maiden Name Ruth Wood
15. Birthplace S.C.

16 (a) Informant Ruth White
(b) Address 1756 Llewelyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location B. & O.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd by registrar) (b) Huntington Mills

NOV 14 1940
VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940, at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940 to 11-13 1940, and that I last saw him alive on 11-13 1940.

Immediate cause of death Cerebral Irritation and probably hemorrhage
Due to Birth injury
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 1940
(c) Where did injury occur? Washington, D.C. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work?
(e) Means of injury Forceps application

23. Signature [illegible] M. D.
Address Provident Hosp. Date signed 11-13-40

PLEASE WRITE ... correct age is especially important. Physicians: please write ...

74522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B F 74522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 S. East Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Spielman (60699)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6775

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1888

8. AGE: Years	Months	Days	If less than one day
52	7	2	hr. min.

9. Birthplace N. J.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Herman Spielman
13. Birthplace Germany

MOTHER
14. Maiden Name Susan ?
15. Birthplace Germany

16. (a) Informant Hospital Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E. Preston

19. (a) Date received NOV 14 1940 (b) Registrar

VS 2

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 4:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6, 1940 to Nov. 12, 1940, and that I last saw him alive on Nov. 12, 1940.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to Pulmonary tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Williams M. D.
Address Balto. City Hospitals Date signed 11-12-40

Please write correct age is especially important. Physicians, please

F 74523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 74523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Ailsa Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Ailsa Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Broening

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1864

8. AGE: Years	Months	Days	If less than one day
75	11	25	24 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Nun

11. Industry or business

PARENTS

12. Name John Broening
13. Birthplace Germany

MOTHER

14. Maiden Name Johanna Bauer
15. Birthplace Germany

16 (a) Informant Miss C. Broening
(b) Address 2613 Ailsa Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-40 (month) (day) (year)
(c) Cemetery or crematory Loyola Pk.
Location Balto. Md.

18 (a) Funeral director H. Jaerdus & Son
(b) Address Park Ave

NOV 14 1940

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1940 at 7 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. B. Vandegrift M.D.
Medical Examiner.
Date signed 11/14/40

PLEASE WRITE PLAINLY, with ink. Make no erasures. Do not abbreviate. Be sure to answer every question. Do not leave any blanks. If none, write "none," or "0" (zero). Please see that your answers are complete and correct as age is especially important. Physicians: please write the causes of death clearly, using terms that convey definite meaning.

VS 6

4524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74524 (Registered No.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 S. DECKER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 S. DECKER AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA M. MUELLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MICHAEL MUELLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 24 1862

8. AGE: Years	Months	Days	If less than one day
78	4	18 19	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name [illegible] HUMPFER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant MICHAEL MUELLER (SON)
(b) Address 724 S. DECKER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 15/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Seidenberg
(b) Address 403 S. WOLFE ST.

19 (a) NOV 14 1940 (Date received by registrar) Hattie Williams Registrar

PLEASE PRINT plainly in ink. Physicians: please write correct age is especially important.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 12 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940 to Nov 12 1940, and that I last saw h[illegible] alive on Nov 11 1940.

Immediate cause of death — **Duration**
Arteriosclerotic C.V. Disease — [illegible]
Chr Myocarditis
Due to Myocardial Failure — Nov 1 1940
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ellis Schumacher M. D.
Address 842 S. Eaton Ave. Date signed 11-14-40

74525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 74525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution:
Levindale Hebrew Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale (If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME Bernard Roth

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Cabinet maker
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring and Belvedere

17 (a) Burial - (b) Date thereof 11-14-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Jack Levy Inc
(b) Address 1432 E. Baltimore St

NOV 14 1940 (b) Huntington Pallbearers, Md.
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1929, to 11-13 1940, and that I last saw h[illegible] alive on 11-13 1940.

Immediate cause of death Ch. Pulm. Tuberculosis — **Duration**
Arteriosclerosis, Hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 11 M. D.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Correct age is especially important.

74526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 74526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4902 Queensberry Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4902 Queensberry Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

37-17

3 (a) FULL NAME Rosie Rosenbloom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Henry David
13. Birthplace Russia

MOTHER
14. Maiden Name Hinda ?
15. Birthplace Russia

16 (a) Informant Ralph Mendelsohn
(b) Address 4902 Queensberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

NOV 14 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11-40 1940 to 11-14- 1940 and that I last saw h[illegible] alive on November 14, 1940.

Immediate cause of death	Duration
Cerebral Vascular hemorrhage	
Due to Hypertensive Arterio-sclerotic heart disease	10 yrs.
Due to	
Other Conditions Acute pulmonary edema (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Myerowitz M. D.
Address 5003 Chelsea Terrace Date signed Nov 14-40

Please see that correct age is especially important. Physicians, please

VS 8

74527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-W

Registered No. 3695 F 74527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
Street No. 322 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs Martha White

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Evans White
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 17 1863

8. AGE: Years 76 | Months 11 | Days 25 | If less than one day: hr. ____ min. ____

9. Birthplace Howard Co. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Own Home

FATHER 12. Name Edward Anderson
13. Birthplace Howard Co. Md

MOTHER 14. Maiden Name Lilly Beasley
15. Birthplace Howard Co. Md

16 (a) Informant Mrs Nate Myers
(b) Address 322 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1940 (month) (day) (year)

(c) Cemetery or crematory Highland
Location Howard Co Maryland

18 (a) Funeral director Joseph A. Lively
(b) Address 40 N Mount Street

NOV 14 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 — 12 — 1940 at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2-1940 to 11-12-1940, and that I last saw her alive on 11-12-1940

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Cerebral hemorrhage — 11 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 29 Strickler St Date signed 11-13-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

VS 2

F 74528

Poehnert

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 74528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 Rayner Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Rayner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E Poehnert

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-2089

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Edna M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1873

8. AGE: Years	Months	Days	If less than one day
66	11	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Stone Cutter
11. Industry or business Andrews Stone Co

FATHER
12. Name Edward Poehnert
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Pfeiffer
15. Birthplace Germany

16 (a) Informant Matilda E Poehnert (Sister)
(b) Address 2833 Rayner Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location a. a. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received NOV 15 1940 (b) Registrar Hunter for Wm. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1940, at 11a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandersall Jr. M.D. Medical Examiner.
Date signed 11/14/40

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly, and correct age is especially important.

VS 6

F 74529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89-a

F 74529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo, 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3531 Kenwick Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Albert Redman

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1934

8. AGE: Years	Months	Days	If less than one day: hr.	min.
6	5	29		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Oliver Redman
13. Birthplace Maryland

MOTHER
14. Maiden Name Loretta Todd
15. Birthplace Maryland

16 (a) Informant Geo. D. Redman
(b) Address 3531 Kenwick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Christopher.

19 (a) Date received NOV 15 1940 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 19 40 at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 19 40 to Nov. 14 19 40., and that I last saw him alive on Nov. 14 19 40.

Immediate cause of death	Duration
Cerebral abscess	83 days
Due to Acute mastoiditis " otitis media	2 days 4 -
Due to Pneumococcus	
Other Conditions Acute nephritis	21 days

(Include pregnancy within 3 months of death)

Major findings: Of operations Left parietal Lobe abscess Acute mastoiditis left.
Of autopsy Left parietal lobe abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L. Hayhek, M.D. M. D.
Address Union Memorial Hosp. Date signed 11-14-40

Please write correct age is especially important. Physicians: please write

74530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74530 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N. Eden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Conway

3 (b) If veteran, name war —

3 (c) Social Security No. 213-01-5306

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sadie Conway
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) — 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Charles Conway
13. Birthplace Lancaster Co. Va

MOTHER
14. Maiden Name Lavinia Waters
15. Birthplace Lancaster Co. Va

16 (a) Informant Sadie Conway
(b) Address 210 N. Eden St

17 (a) Burial (b) Date thereof Nov 15 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co Md

Funeral director Potts & Williams
(b) Address 1515 Mc Cadden Pl

19 (a) Nov 13 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms as will correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1940, at 9 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 19__, to 11-11 1940 and that I last saw h[illegible] alive on 11-10 1940

Immediate cause of death: Hypertensive cardio-vascular disease

Duration: unknown

Due to: (Uremia)

Duration: 3 days

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 11/13/40

VS 3

4531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127B ✓ F 74531 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: to Balto Gen. Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Curtis Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Cedar St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 15 yrs. years

3 (a) FULL NAME Alexander Malinowski

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Malinowski
13. Birthplace Poland

MOTHER 14. Maiden Name Anna Kaubinski
15. Birthplace Poland

16 (a) Informant Lucy Malinowski
(b) Address 1623 Cedar St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Adlo
Location Baltimore

18 (a) Funeral director Fred W. Orazewski
(b) Address 1930 Eastern Ave

19 (a) Date rec'd by registrar 11-15-40 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1940, at 3:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940 to 11-14 1940 and that I last saw him alive on 11-14 1940.

Immediate cause of death: General Peritonitis
Due to Ruptured Gall Bladder.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. M. Gross (Surgeon)
Address St. Louis Gen. Hosp. Date signed 11-14-40 M. D.

PLEASE correct especially important. Physicians: please write the

VS 8

4532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74532

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2049 Division St. (St.) 14-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Gwaltney

(a) Residence: No. 2049 Division St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Gwaltney

6. DATE OF BIRTH (month, day, year) June 8 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) London England

13. NAME Joseph A. Webb

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Webb

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Satterfield

(Address) 2049 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 16 1940

19. UNDERTAKER J. Brooks

(Address) 1463 N. Carey St

20. FILED 19

Registrar.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 11 1940 to Nov 13 1940

I last saw h-r alive on Nov 13 1940 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/13
Other contributory causes of importance:	
Hypertension	8/21

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Huntington Williams M. D.

(Address) 2243 Maiden St.

NOV 13 1940

State CAUSE OF DEATH in plain terms. Do not use abbreviations or terms of doubtful meaning. OCCUPATION is very important. See instructions on back of certificate.

F 74533 59084 JS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74533 520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 4 → 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 782 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Speight

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-9240

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife Maggie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-1880

8. AGE: Years 60 | Months 3 | Days 16 26 | If less than one day ... hr. ... min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation cook

11. Industry or business

FATHER
12. Name William
13. Birthplace N. C.

MOTHER
14. Maiden Name Susan Shannon
15. Birthplace N. C.

16 (a) Informant B. V. H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** Nov 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Maryland

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Sydnor St
Pennington for Williams, Md.

15 1940 (Signature of person who embalmed) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940, at 10 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10-~~40~~ 1940 to 11-13 1940, and that I last saw him alive on 11-13 1940.

Immediate cause of death Hypernephroma - Left kidney with
Due to Primary multiple metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rayden M. D.
Address Balto. City Hosp. **Date signed** 11-14-40

Please answer all questions. Physician's prompt correct answer is especially important.

F 74534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 74534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-09-2263

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	ed	married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 25, 1897

8. AGE: Years	Months	Days	If less than one day
43	7	18	hr. min.

9. Birthplace Rocky mt, N.C (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Unk

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Elsie Davis

(b) Address 1801 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location

18 (a) Funeral director Ulysses G. Nelson

(b) Address 4303 Pennsylvania Ave

19 NOV 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1940, at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940, to 11-13 1940, and that I last saw h.im alive on 11-13 1940.

Immediate cause of death	Duration
Lobar Pneumonia (Bilateral)	7 days
Due to Pneumococcus.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Armuosenden M. D.

Address Provident Hosp. Date signed 11-14-40

PLEASE write correct age is especially important. Physicians: please write

VS 3

74535 F 74535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or institution: Louis W. Hoffman's Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltr.
(c) City or town Baltimore Annelia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Hopkins Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harry Schillinger Prechtel Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Late Ida L. (nee Gardner)
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 21, 1871.

8. AGE: Years	Months	Days	If less than one day
69	4	22	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Salesman

FATHER
12. Name George F. Prechtel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Schillinger
15. Birthplace Balto. Md.

16 (a) Informant Harry S. Prechtel, Jr.,
(b) Address 329 Hopkins Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry F. Nitzke
(b) Address 4101 Edmondson Ave.

19 (Date received) NOV 15 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13/40. 19 ..... at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Nov 1940.
and that I last saw him alive on Nov 10 1940.

Immediate cause of death Coronary thrombosis — Duration .....
Due to Myocarditis .....
Due to Cardio-vascular disease .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature L. D. Volmit
Address 4710 Liberty Hts Date signed 11/14 M. D.

Please answer correct age is especially important. Physicians, please

F 74536 X F 74536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7815 Ardmore Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James O'Brien

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-07-4211

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Genevieve O'Brien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1876

8. AGE: Years 64 | Months 4 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Machanic

11. Industry or business Bethlehem Ship Yard.

FATHER
12. Name James J. O'Brien
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret McShane
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Genevieve O'Brien.
(b) Address 7815 Ardmore Ave, Parkville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto City.

18 (a) Funeral director G. Vernon Lemmon.
(b) Address 4611 Park Heights.

19 (a) 1940 (Registered by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1940 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1940 to Nov. 14 1940, and that I last saw h[illegible] alive on Nov. 14 1940.

Immediate cause of death: Lobar Pneumonia and Pulmonary Infarct — Duration: four

Due to: Carcinoma of Sigmoid Intestinal Obstruction

Other Conditions: Arteriosclerosis & nephrosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction

Of autopsy Carcinoma Sigmoid Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edna F. Polke
Address Mercy Hospital Date signed 11/14/40

Nov 15 1940

VS 2

F74537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F74537

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 408 S. Robinson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 408 S. Robinson St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Martin O. Connor

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18-1868

8. AGE: Years	Months	Days	If less than one day
72	1	27th	hr. min.

9. Birthplace Ireland.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name James O. Connor

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Mc Laughlin

15. Birthplace Ireland.

16 (a) Informant Mrs. Mary Cutler

(b) Address 408 S. Robinson St.

17 (a) Burial (b) Date thereof Nov. 18-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cath.

Location Old Frederick Rd.

18 (a) Funeral director John. J. McDan

(b) Address 1202 Huntington Ave. Baltimore, Md.

Nov 15 1940 (b) Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14th 1940, at 5.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1940 to Nov 14 1940 and that I last saw him alive on Nov 13 1940.

Immediate cause of death Chronic Myocarditis

Due to Arteric - Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Eugene Fuller, M.D.
M. D.

Address 2739 Eastern Ave Date signed 11/15/40

correct age is especially important. Typewriter

VS 3

F 74538 60553 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86-a

F 74538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4650 Park Heights Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma C. Sawyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Jesse (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
83 ?			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto County

18 (a) Funeral director L. Vernon Zeamer
(b) Address 4611 Park Heights Ave

19 (a) (b)
(Date rec'd by registrar) Huntington Williams, Registrar

NOV 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/40 1940, at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/31 1940, to 11/13 1940, and that I last saw h alive on 11/13 1940.

Immediate cause of death: Arteriosclerotic heart disease — cardiac failure — Duration: ?

Due to: Fracture of rt. hip-intracervical — 13 Days

Due to: Bronchopneumonia — 1 wk.

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/31/40
(c) Where did injury occur? Home of de Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Fell striking on bureau

23. Signature Sidney R. Tolbert Jr.
Address Baltimore City Hosp. Date signed 11/14/40 M. D.

Howard D. Waldron M.D.
Chief Medical Examiner

VS 3

correct age is especially important. Physicians, please

F 74539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-D F 74539 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 N. Monroe st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Snesil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Israel Feldt
13. Birthplace Austria

MOTHER
14. Maiden Name Mary
15. Birthplace Austria

16 (a) Informant Nathan Snesil
(b) Address 1610 N. Monroe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philia Road

18 (a) Funeral director Sol Levinson Bros.
(b) Address 1124-26 W. North ave

19 NOV 15 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1940, at 2:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1940 to 11-15 1940, and that I last saw h alive on 11-15 1940.

	Duration
Immediate cause of death: Aplastic Anemia	
Due to: Blood Dyscrasia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Enlarged Spleen
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Blumenthal M. D.
Address U B D. Hosp Date signed 11-15-40

F 74540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74540 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 324 South Caroline Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Katie Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/1860

8. AGE: Years	Months	Days	If less than one day
80	6	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alfred Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Taylor
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 15 1940

18 (a) Funeral director COMMISSIONER of Health
(b) Address Per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 15 1940 Hampton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20-1936, to 11-6-1940, and that I last saw her alive on 11-6-1940.

Immediate cause of death Cardiac failure — Duration ?

Due to G. S. Hg. Dis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 11-15-40

correct age is especially important.

F 74541

BALTIMORE CITY HEALTH DEPARTMENT 93-P F 74541

CERTIFICATE OF DEATH 54622 sd Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~No Home~~ 818 Woodyear (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Widowed

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1862

8. AGE: Years	Months	Days	If less than one day
78	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Housework

FATHER
12. Name Perry Hamilton
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Hankie (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

UNIVERSITY MEDICAL SCHOOL NOV 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) Filed (Date received by Registrar) NOV 15 1940 (b) Signature Williams, M.R.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 16-8-11/8/40 1940, at 10 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11- 1940, to 16-8- 1940, and that I last saw her alive on 16-8- 1940.

Immediate cause of death
Cardiac failure
Cerebral thrombosis — Duration ?
Due to
A. S. Ht. Dis. — Duration ?
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 11-14-40

correct age is especially important

F 74542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 74542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Asunah Ave. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Selby

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-0372

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Lena [illegible] Selby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1865

8. AGE: Years	Months	Days	If less than one day
75	9	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Selby
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Ayres
15. Birthplace Md.

16 (a) Informant Lena [illegible] Selby, wife.
(b) Address 3037 Asunah Ave.

17 (a) Burial (b) Date thereof 11-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto., Md.

18 (a) Funeral director Wm. J. Ecker & Sons
(b) Address North & Pa.

NOV 15 1940 Huntington Williams M.D.
(Date received by Local Registrar) (Signature of Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1940, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4, 1940 to Nov. 14, 1940, and that I last saw h/ alive on Nov. 14, 1940.

Immediate cause of death

Cardiac Failure
Due to Cachexia & Malnutrition
Due to Carcinoma of rectum with metastases to the liver.
Other Conditions Arteriosclerosis.
(Include pregnancy within 3 months of death)

Duration
Sudden
Not known.

Major findings:
Of operations
Of autopsy Carcinoma of Rectum + Met. to Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Keeler, M. D.
Address Mercy Hosp. Date signed 11/14/40

Physicians: please write correct age is especially important.

F 74543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 74543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Dennison Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 & 8

3 (a) FULL NAME Earl Riidiger

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-09-6051

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Edith A. Riidiger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 19, 1900

8. AGE: Years	Months	Days	If less than one day
40	9	24	hr. min.

9. Birthplace: McKees Rock, Pennsylvania (Town, county, and state)
10. Usual Occupation: Price Work setter
11. Industry or business: Sparrows Point

FATHER
12. Name: Harry A. Rüdiger
13. Birthplace: Harrisburg, Pa.

MOTHER
14. Maiden Name: Katie Hedricks
15. Birthplace: V

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory: Balto. Nat'l
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) Date received by registrar: NOV 15 1940
Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1940, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13, 1940, to Nov. 13, 1940, and that I last saw him alive on Nov. 13, 1940.

Immediate cause of death	Duration
Spontaneous sub-arachnoid hemorrhage	4 or 5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation: none
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Austin M. D.
Address: U.S.Marine Hospital, Baltimore, Md. Date signed 11/14/40

correct age is especially important. Physicians, please

F 74544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 74544

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5608 Stonington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5608 Stonington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM FRANCIS ROGERS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife May Reese Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1865

8. AGE: Years	Months	Days	If less than one day
75	9	23	hr. min.

9. Birthplace Warrenton, Virginia (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business

FATHER
12. Name James S. Rogers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Frances Leef
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. May R. Rogers
(b) Address 5608 Stonington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 NOV 15 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1917 to Nov 13 1940, and that I last saw him alive on Nov 12 1940.

Immediate cause of death
Anaemia

Due to Arteriosclerosis, Cerebral, Myocardial & Renal

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
4 days
? years
? years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. W. Lawson, M. D.
Address 137 Park Ave, Balto Date signed Nov. 15. 40

correct age is especially important

VS 2

74545 3 EE 219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E Registered No. 74545

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S.W. 12th Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathryn French

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-04

8. AGE: Years	Months	Days	If less than one day
36	0	15	hr. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter French
13. Birthplace Wis

MOTHER
14. Maiden Name Alice Supernay
15. Birthplace N Y

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 11/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Kenosha, Wisconsin

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) NOV 15 1940 (Local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1940, at 8.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940 to Nov 14 1940, and that I last saw her alive on Nov 14 1940

Immediate cause of death: Hypopharyngeal duct tumor—Biopsy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland, M.D.
Address Johns Hopkins Hospital Date signed 11-14

VS 8

correct age is especially important. Physicians, please

74546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 Pelham Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2714 Pelham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Ruth Alexandre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Michael

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) March 30-1875

8. AGE Years	Months	Days	If less than one day hr.	min.
65	7	11		

9. Birthplace Charleston S Carolina
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Wm Bolger
13. Birthplace Charleston S Carolina

MOTHER
14. Maiden Name Sara Lynch
15. Birthplace Charleston S Carolina

16 (a) Informant John Lynch
(b) Address 2714 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15-40 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location Belair Rd

18 (a) Funeral director Jos J Oster
(b) Address 3061 Gwynn Oak Ave

19 (a) NOV 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1940 at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1940 to Nov. 10 1940, and that I last saw her alive on Nov. 10 1940.

Immediate cause of death: Duration

Myocarditis
Chr. Valv. Heart disease
Due to Arterio Sclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bramley M. D.
Address 1817 N. Bromley Date signed

correct age is especially important. Typewrite or print plainly.

VS 3

74547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. 74547

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 N Kenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Theresa Leikubler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Ferdinand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	7	18		

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm Heine
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Baumeister
15. Birthplace Germany

16 (a) Informant Mrs. Theresa Heine
(b) Address 2832 N Kenwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos. J. Stein Sons
(b) Address 3001 Kentucky

19 NOV 15 1940 Huntington Williams Jr.
(Date received) (Registrar)

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14/40, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13/40 to 11/14 1940 and that I last saw her alive on 11/14/40 19

Immediate cause of death	Duration
Cardiac Failure	
Due to Extra Uterine Obstruction	2 days
Due to	
Other Conditions Pernicious Anemia	8 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address H. J. Hammann M. D. Date signed 11/14/40

F 74548

BALTIMORE CITY HEALTH DEPARTMENT 95-c

CERTIFICATE OF DEATH

F 74548 Registered No. 91968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baton & Watkins ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Primrose ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Charles J. Yardley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband~~ or wife Emma Lemke

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) June 26, 1861

8. AGE: Years	Months	Days	If less than one day
79	4	20	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Steel worker

11. Industry or business

FATHER 12. Name Hicklin Yardley

13. Birthplace Pa.

MOTHER 14. Maiden Name Martha A. Johnson

15. Birthplace Pa.

16 (a) Informant Mrs. Emma Yardley

(b) Address 808 Primrose Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 18 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Richmond Va.

18 (a) Funeral director Martin Bailey & Sons

(b) Address 1827 W. North Ave.

19 (a) NOV 15 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940, to 11-15 1940, and that I last saw him alive on 11-14 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Cardiac Decompensation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Parlow M. D.
Address St Agnes Hosp Date signed 11/15

Correct age is especially important. Report

F 74549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 74549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: J. H. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits write RURAL and give town)
2612 E. (d) Street No. Pagrant (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Meade

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	NONE	M	W	Widow

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1869

8. AGE: Years	Months	Days	If less than one day
71	0	6	hr. min.

9. Birthplace North Caroline (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace North Caroline

MOTHER
14. Maiden Name Unknown
15. Birthplace North Caroline

16 (a) Informant Emily Smitzel
(b) Address 4242 Nicholas Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director William Cook.
(b) Address 1217 St. Paul st

19 NOV 16 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1940 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage, rt — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wade Griffith M.D. Medical Examiner.
Date signed

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age is especially important.

74550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. C 24550

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Offutt Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah H. Carroll

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or~~ divorced: Married

6 (b) Name of husband ~~or wife~~: John C. Carroll
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): Sept 24th 1874

8. AGE: Years: 66 | Months: 1 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Parkton, Balto. Co. Md
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: John T. Bierly
13. Birthplace: Unknown

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Gilbert R. Carroll
(b) Address: Randallstown Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/16/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~: Mt Olive
Location: Randallstown Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) Date received: NOV 16 1940 (b) Registrar: Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1940 to 11/14 1940 and that I last saw h-- alive on 11/14 1940.

Immediate cause of death: Adenocarcinoma of stomach — Duration: unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Adenocarcinoma of stomach
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. Wilbur Martin M. D.
Address: St Joseph's Hospital Date signed 11/14/40

Please write correct age is especially important. Physicians, please

F 74551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 74551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Patterson Park ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Rose Daroue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Thomas Darone
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov 13-1896

8. AGE: Years	Months	Days	If less than one day
44	0	1	hr. min.

9. Birthplace Tunis France
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Buccheri
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Di Salvo
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 17 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1940, at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 1940, to 11/14 1940, and that I last saw h[illegible] alive on 11/14 1940.

Immediate cause of death: Cerebral Hemorrhage, Left — Duration: 3 days
Due to: Hypertension and Cardio-Vascular Disease — Duration: undetermined
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Marlow Marlow M. D.
Address St Joseph's Hospital Date signed 11/14/40

correct age is especially important.

VS 8

F 74552 ✓ F 74552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. A. St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 N. Montford Ave (If rural give location) 873
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pasquale Campanaro

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Damiano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jun 29 1884

8. AGE: Years	Months	Days	If less than one day
56	4	14	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Salvatore Campanaro

13. Birthplace Italy

MOTHER 14. Maiden Name

15. Birthplace Italy

16 (a) Informant Samuel Campanaro

(b) Address 1203 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

(b) Address 2918 E. Balto st

19 1940 rec'd by registrar Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1940, at 5:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injury of Chest and Abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/13/40
(c) Where did injury occur? N. Patterson Park Ave & Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - run over by automobile

23. Signature John H. Landenwich M.D. Medical Examiner

Date signed 11/13/40

F 74553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere at Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. West Lafayette Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Dennis McAleer.

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary J. McAleer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 29 1885

8. AGE: Years	Months	Days	If less than one day
55	7	18	..... hr. ..... min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James McAleer.
13. Birthplace ?

MOTHER
14. Maiden Name Mary Zutler
15. Birthplace ?

16 (a) Informant Hospital Records.
(b) Address Mercy Hosp.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Frederick Road.
18 (a) Funeral director Chas. P. Bogue Son Inc
(b) Address 118 W. Mt. Royal ave.
19 NOV 16 1940 (b) Huntington Williamsport, Md.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 8 16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11-40 1940, to 11-15 1940, and that I last saw him alive on 11-14 1940.

Immediate cause of death Heart failure

Due to Coronary Thrombosis

Due to Arteriosclerotic C.V. disease.

Other Conditions Auricular fibrillation

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Ford Baker M. D.
Address Date signed 11-16-40

correct age is especially important. A person's

F 74554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 74554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 E. Preston Street
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 East Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME BERNARD E. MOAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 432-01-0364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marian Edger Moan
6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) Mar. 29, 1883

8. AGE: Years	Months	Days	If less than one day
57	7	16	---- hr. ---- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name James Moan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hughes
15. Birthplace Ireland

16 (a) Informant Marian Edger Moan
(b) Address 112 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location ----

18 (a) Funeral director Chas. G. Zaccardo Sec.
(b) Address 118 W. Mt. Royal ave
NOV 16 1940 Huntington Williams M.D. Registrar
(Date filed by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1940 to Nov 15 1940, and that I last saw h[illegible] alive on Nov 15 1940.

Immediate cause of death Myocardial Nephritis. — Duration 3

Due to ---- — Duration ----

Due to Nephritis. — Duration 3

Other Conditions ----

(Include pregnancy within 3 months of death)

Major findings:
Of operations ----
Of autopsy ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence ----
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ----

23. Signature [illegible] M.D.
Address 1403 Brady Dated Nov 17 1940

correct age is especially important. Physicians please

VS 3

F 74555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 E. 27th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 E. 27th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MABEL D. ZOLL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry Clay Zoll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Jones
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida Hardesty
15. Birthplace West River, Md.

16 (a) Informant Mr. Harry C. Zoll, Jr.
(b) Address 1335 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

NOV 16 1940 (Date rec'd by registrar) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1940, at 9:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940 to Nov. 17 1940 and that I last saw her alive on Nov. 9 1940

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions Venous ulcers on legs — 3 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph D. Bloom M. D.
Address 1016 E. Fort Ave. Date signed

correct age is especially important

VS 3

F 74556

F 74556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 E. 22nd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 346 E. 22nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REBECCA JANE HALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles H. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1859

8. AGE: Years	Months	Days	If less than one day
81	8	17	hr. min.

9. Birthplace Port Deposit, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Gardner
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Armstrong
15. Birthplace Ireland

16 (a) Informant Dr. John F. Hall
(b) Address 30th & St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) NOV 16 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1940, at 8:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to Nov 14 1940 and that I last saw h alive on Nov 14 1940.

Immediate cause of death Hypostatic
Due to Senility
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Duration: 10 Months

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F Hall M. D.
Address 2105 Charles Date signed Nov 16

correct age is especially important

VS 3

F 74557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a Registered No. F 74557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 W. Lafayette ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Bernice Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-1940

8. AGE: Years	Months	Days	If less than one day
	2	10	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Child

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Lucile Blackmon
15. Birthplace Md

16 (a) Informant Thomas L Jones
(b) Address 606 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 16 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pulton ave
(Director or undertaker) (Huntington Williamsport Md.)

NOV 16 1940
(Date received by registrar)

VS 8

correct age is especially important. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1940, at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1940, to 11-14 1940, and that I last saw her alive on 11-14 1940.

Immediate cause of death	Duration
Toxemia	
Dehydration	
Due to GASTRO-INTESTINAL UPSET (Enteritis)	3-4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. M. Cunningham M. D.
Address University Hosp. Date signed 11-15-40

F 74558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-e F 74558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Mc Culloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLEVELAND A. WAITERS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2877

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	M

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Helper on truck

11. Industry or business Baltimore Transfer Co.

FATHER
12. Name
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant Lillian Waiters
(b) Address 1905 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) Date received by local registrar NOV 16 1940 (b) Registered number

Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1940, at 11 40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Paralytic ileus	
Due to Fracture of pelvis	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-8-40 11-01
(c) Where did injury occur? Immanuel & Piedmont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? (Specify type of place)
(e) Means of injury fell off truck and struck by 400 lb. roll of cable

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 11-12-40

Please write the correct age is especially important. Physicians: please

E 74559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. E 74559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or ~~About 50 yrs~~)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Whitelock St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abram Friendlich

3 (b) If veteran, name war | 3 (c) Social Security Account No. 215-06-9279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bella Friendlich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/1880

8. AGE: Years	Months	Days	If less than one day
60	5	9	hr. min.

9. Birthplace Georgetown Va. (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Phoenix Mfgr. Co.

FATHER
12. Name Oscar Friendlich
13. Birthplace Germany.

MOTHER
14. Maiden Name Rachel Cohen
15. Birthplace Balto. Md.

16 (a) Informant Mr Albert Friendlich
(b) Address 605 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/40. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Goodman Son
(b) Address 902 Eutaw Place

19 NOV 16 1940 Huntington Williams, M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2 P.M. 11/15 1940 to 8:45 A.M. 11/15 1940, and that I last saw him alive on 11/15 1940.

Immediate cause of death Coronary Occlusion — Duration 1 day
Due to A-S Ht. Dis.
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac M. Cohen M.D.
Address Sinai Hosp. Date signed 11/15/40

VS 3

correct age is especially important. Physicians, please

74560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. F 74560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Weston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Weston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES P. GRANT.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Lillian Grant.
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) May 28-1863

8. AGE: Years	Months	Days	If less than one day
77	5	18	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name
13. Birthplace Unknown.

MOTHER
14. Maiden Name
15. Birthplace Unknown.

16 (a) Informant Mrs Lillian Grant
(b) Address 1018 Walden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18. 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director Marshall E. Humphreys
(b) Address 1411 N. Broadway.

NOV 16 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940 at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of prostate — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Wallenmeier M.D. Medical Examiner.
Date signed 11-15-40

VS 6

correct age is especially important. Physicians: please write the cause of death

74561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184 Registered No. F 74561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrence Valentine (Lawrence H. Ballentine)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-1782

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A —

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 3-26-1912

8. AGE: Years	Months	Days	If less than one day
28	7	17	19 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Helder

11. Industry or business Beth Steel Co.

FATHER
12. Name Arthur B. Ballentine
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine B. Lemming
15. Birthplace Balto.

16 (a) Informant Mary A. Ballentine
(b) Address Riverside & Poplar Rds. Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Md.

18 (a) Funeral director John B. Connelly
(b) Address Essex

19 NOV 16 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1940, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Shot gun wound of abdomen

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-15-40
(c) Where did injury occur? Balto. (City or town) Co. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Hunting shot gun wound of abdomen

23. Signature Howard L. Mudeson M.D.
Medical Examiner.
Date signed 11-15-40

correct age is especially important. Physicians, please write

74562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. [redacted] Schroepfer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry P. Schroepfer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1889

8. AGE: Years	Months	Days	If less than one day
51	3	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Barthell
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Henry P. Schroepfer
(b) Address 2222 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mount Holy Redeemer
Location Belair Rd

18 (a) Funeral director Harry N. Wiltze
(b) Address 414 Edmondson Ave

NOV 16 1940 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940 to 11/14 1940, and that I last saw h[redacted] alive on 11/14 1940.

Immediate cause of death
Hx of Terminal carcinoma of [redacted] disease — Duration: 5 mos

Due to
Cerebral hemorrhage — Duration: 11/14/40

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 11/15/40

F 74563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 74563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 St. Dunstans Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Harry M. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ wife: Marguerite Risley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1891

8. AGE: Years 49 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Henry Stein
13. Birthplace Germany

MOTHER
14. Maiden Name — Liles
15. Birthplace Md

16 (a) Informant Mrs. Marguerite Stein
(b) Address 119 St. Dunstans Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Henry H Wilhelm
(b) Address 4101 Edmondson Ave

Date received NOV 16 1940 by Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 1:29 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1940, to 11/15 1940 and that I last saw him alive on 11/15 1940.

	Duration
Immediate cause of death Uraemia	
Due to Arterial hypertension Nephrosclerosis	
Due to	
Other Conditions Diverticulosis of colon; Cholelithiasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haas M. D.
Address Univ. Hosp Date signed 11/18/40

correct age in appropriate

VS 2

F 74564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 74564

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carrollton Ave
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 HRS
(e) Length of stay in Baltimore (yrs., mos., or days) 33yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Radnor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Munson, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-0955

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Lillian
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 11, 1891
8. AGE: Years 49 | Months 98 | Days 3 | If less than one day hr. min.
9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation President
11. Industry or business C. L. Munson + Co

FATHER
12. Name Louis M. Munson
13. Birthplace West Virginia

MOTHER
14. Maiden Name Molly Weiner
15. Birthplace West Virginia

16 (a) Informant H. M. Myerson
(b) Address 3504 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial
Location Taylor Ave

18 (a) Funeral director Henry H. Waltzhe
(b) Address 4101 Edmondson Ave

19 NOV 16 1940 Huntington Williams, M.D. Registrar

correct age if untrue or incomplete

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1940, to 11/14 1940, and that I last saw him alive on 11/14 1940.

Immediate cause of death: Cerebral Hemorrhage, Apoplexy — Duration 1 hr.
Due to: Hypertension and Cardio-Vascular Disease — undetermined
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Dallas Mathews M. D.
Address Dr Joseph's Hospital Date signed 11/14/40

VS 2

74565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 74565

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 E. Churchhill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 E. Churchhill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J. Fitzhugh

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Widow

6 (b) Name of husband or wife James Fitzhugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1862

8. AGE: Years	Months	Days	If less than one day
77	11	12	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Fitzhugh
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Hayes
15. Birthplace Md

16 (a) Informant Charles Fitzhugh
(b) Address 1042 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19. 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A 11 26

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E West St

19 (a) NOV 16 1940 (Date rec'd by registrar) Signature for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 10 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13/40 19 to 11/15/40 19, and that I last saw h[illegible] alive on 11/15 1940.

Immediate cause of death	Duration
Pulmonary Embolism	11/13/40
Due to Cardiac degeneration	
Due to Arteriosclerosis	
Other Conditions Pneumonia Degeneration of Gluteal tissue (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 1225 N Charles St Date signed 11/16/40

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38 745662

BALTIMORE CITY HEALTH DEPARTMENT X 124 D

CERTIFICATE OF DEATH

Registered No. E 74566

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brookview P O Brookview Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Brookview P O
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anita Collision

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1900

8. AGE: Years	Months	Days	If less than one day
40	8	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William Cusick
13. Birthplace Md —

MOTHER
14. Maiden Name Jennie Vance
15. Birthplace Md —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Brookview

18 (a) Funeral director F. B. Kellogg & Son
(b) Address Hurlock Md

NOV 16 1940 Huntington Whitehead
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940 at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1940 to Nov 15 1940 and that I last saw her alive on Nov 15 1940.

Immediate cause of death Rupture of Esophageal Varices, with Hemorrhage.
Due to Biliary Cirrhosis of Liver
Due to Chronic Cholecystitis, Abdominal Adhesions
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of ~~autopsy~~ Ruptured Esophageal Varices, Biliary Cirrhosis, Ascites, Abdominal
Of autopsy Adhesions

Duration
2 days
3 years
10 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Esther Klein M. D.
Address Johns Hopkins Hospital Date signed 11/16/40

74567 27182 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 74567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Madison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sally Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1860

8. AGE: Years	Months	Days	If less than one day
80	6 5	4 24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. Thomason
13. Birthplace Maryland

MOTHER
14. Maiden Name Bessie Mathews
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18th 1940 (month) (day) (year)
(c) Cemetery or crematory Talbridge m.p.
Location Talbridge m.p.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1006 Bradtley Ave.

19 (a) Date received by local registrar NOV 17 1940 (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14- 1940, at 12:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3- 1937, to 11-14- 1940, and that I last saw h alive on 11-14- 1940.

Immediate cause of death: Bronchopneumonia — Duration ?
Due to Hyper. Heart Dis CVD — ?
Gen. A-S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmeryhelstein M. D.
Address Balto City Hosp. Date signed 11-14-40

VS 3

F 74568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-P

Registered No. F 74568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5005 Edmondson Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs. 8 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Bennett.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ wife Louise Vernay Bennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1860

8. AGE: Years 80 | Months 7 | Days 25+ | If less than one day hr. min.

9. Birthplace Carroll Co., Md
(Town, county, and state)

10. Usual Occupation Retired (formerly)

11. Industry or business in Farm ~~Home Supply~~ Business

FATHER
12. Name John Bennett
13. Birthplace England.

MOTHER
14. Maiden Name Eliza Jane Roberts
15. Birthplace England.

16 (a) Informant (Daughter) Mrs. Henry F. Buettner
(b) Address 5005 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Springfield Cemetery
Location Sykesville, Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 NOV 17 1940 (Date received by registrar) (b) Hunting or Williams, M.D. Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1940 at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9, 1940 to Nov. 16, 1940 and that I last saw him alive on Nov. 16, 1940.

Immediate cause of death: Chronic Valvular Heart Disease — Duration 8 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F. Buettner M. D.
Address 5005 Edmondson Ave. Date signed Nov. 16/40

VS 8

F 74569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Woodbine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM G BOYD

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-4934

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1897

8. AGE: Years	Months	Days	If less than one day
43	6		hr. min.

9. Birthplace Belleville Ontario, Canada (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Ice Tools

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant R. B. Gould
(b) Address 500 Exeter Street

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-16-40 (month) (day) (year)
(c) Cemetery or crematory
Location Hamilton, Ontario, Canada

18 (a) Funeral director A. R. Slade
(b) Address 4907 York Road

19 (a) NOV 17 1940 (Date received by local registrar) (b) Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1940, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-15-40

VS 6

Please write clearly. Physicians: please write the cause of death so that correct age is especially important.

F 74570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74570

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hebrew Home for Aged & Infirm
(c) Hospital or institution:
Belvedere & Greenspring
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Levin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Morris Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Morris Levin Divorced
(b) Address 3579 Warder St. N. W. D.C.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Mt. Carmel Road
Location Mt. Carmel Rd
18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124-26 W. North ave
19 (a) Huntington Williams M.D. (Signature of registrar) Registrar

NOV 17 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1940, at 9:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1940, to 11-16 1940, and that I last saw h[illegible] alive on 11-16 1940.

Immediate cause of death Cerebral thrombosis
Diabetes Mellitus — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M.D.
Address Levindale Date signed 11/16/40 M. D.

Correct age is especially important. Physicians, please cooperate.

MAIER FORCHHEIMER
F 74571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-G

Registered No. F 74571

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland & Monument St
(c) Hospital or institution:
Quai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Howard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. MAIER MAX FORCHHEIMER

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	WHITE	MARRIED

6 (b) Name of husband or wife Thecla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1877

8. AGE: Years	Months	Days	If less than one day
63	7		hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Antik Shop.
11. Industry or business

FATHER
12. Name Wolf Forchheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Gette Steinhardt
15. Birthplace Germany

16 (a) Informant Mrs Thecla Forchheimer
(b) Address 827 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17/40 (month) (day) (year)
(c) Cemetery or crematory Weinberg's Circle
Location Mt Carmel Road

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North ave

19 (a) (Date received by registrar) (b) Registrar

NOV 17 1940 VS

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 9.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1940, to Nov 15 1940, and that I last saw him alive on NOV 15 1940.

Immediate cause of death Duration
(a) Bronchopneumonia 2 days?
(b)
Due to
Due to
Other Conditions Uraemia (Renal failure) ? Peritonitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder pyonephrosis & cystitis?
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Louis Hollander M. D.
Address Date signed

F 74572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-W

F 74572 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Calvert and Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2235 Eutaw Place (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 yrs (?) years

3 (a) FULL NAME Mrs. Annie Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Isaac Goldberg

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 1870

8. AGE: Years	Months	Days	If less than one day
69 70	11		hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Jacob Coulton

13. Birthplace Russia

MOTHER

14. Maiden Name Sarah ?

15. Birthplace Russia

16 (a) Informant Mrs. Annie Goldberg

(b) Address 2235 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17/40 (month) (day) (year)

(c) Cemetery or crematory Balto Hebrew Cemet.

Location Blair Road.

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-26 W. North ave

NOV 17 1940 (Date rec'd by registrar) (b) Henry Toph Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 15 1940 and that I last saw h.. alive on Nov 15 1940.

Immediate cause of death Coronary Thrombosis

Due to Carcinoma

Due to

Other Conditions, Surgical Emphysema Carcinoma of the Esophagus (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac Goldberg M. D.

Address Mercy Hospital Date signed 11/16/40

correct age is especially important

F 74573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 74573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dec
(c) Hospital or institution: West Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Bradshaw (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 6 Sweathouse Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Bassbert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16, 1940

8. AGE: Years | Months | Days | If less than one day hr. 1 min.

9. Birthplace Bradshaw (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Andrew Bassbert

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Anna M. Robert

15. Birthplace Baltimore Md

16 (a) Informant Mrs. A M. Bassbert

(b) Address Sweathouse Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 18 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer City

Location

18 (a) Funeral director Forsaith Funeral Home

(b) Address 1401 Belair Rd

19 (a) NOV 17 1940 (Date rec'd by registrar) (b) Interring or Witness

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1940, to Nov 16 1940 and that I last saw him alive on Nov 16 1940.

Immediate cause of death Prematurity Atelectasis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Wallerstein M. D.
Address Surgeon Date signed 11/17/40

correct age is especially important

F 74574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74574 Registered No.

1. PLACE OF DEATH: Home for Incurables -
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St -
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 17 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gorsuch Ave & Co
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Emma O'Neal. (O'neal)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Not applicable

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1847 Exact date not known

8. AGE: Years 93 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Unemployed, many yrs.

11. Industry or business Used to work for Valiant, Dealer

FATHER
12. Name ~~Henry~~ Thomas O'Neal
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Emma Sheridan
15. Birthplace U.S.A.

16 (a) Informant H LaRue Brownington RN
(b) Address Home for Incurables

17 (a) Buried (b) Date thereof 11/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Co
(b) Address 1901 Gorsuch

19 (a) NOV 17 1940 (b) Lying in State Williamsport, Md.
(Date received by local registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1940, at 2.29 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to Nov. 16 1940; and that I last saw her alive on Nov 15 1940.

Immediate cause of death Advanced widespread senile degenerative change, Arteriosclerotic Cardio-Vasc. disease — Duration Several years

Due to — Several years

Due to

Other Conditions Chronic Bronchitis & Emphysema Several yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conner M.D.

Address 11 East Chase St Date signed 11-16-40

correct age is especially important

F 74575 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
Md.
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1546 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Falkner

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-10-0537

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Lottie
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 7-12-1891

8. AGE: Years	Months	Days	If less than one day
49	2	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Journeyman

FATHER
12. Name John Falkner
13. Birthplace Balto.

MOTHER
14. Maiden Name Alice Holland
15. Birthplace Balto.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed 11 1940 (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16- 1940, at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14- 1940, to 11-16- 1940, and that I last saw h alive on 11-16- 1940

Immediate cause of death	Duration
Bronchopneumonia	7
Cardiac failure	1
Due to Hypertensive CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopn

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-16-40

VE 2

Suggest age if supposedly unknown

F 74576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74576

123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2327½ Harford Road (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Roughton

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 213-10-1031

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Emma L. Roughton
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Oct 25 1898
8. AGE: Years 42 Months 0 Days 20 If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Motorman Baltimore Transit Co
11. Industry or business

FATHER
12. Name Benjamin Roughton
13. Birthplace North Carolina

MOTHER
14. Maiden Name Unknown Sutton
15. Birthplace South Carolina

16 (a) Informant Emma L. Roughton
(b) Address 2327½ Harford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Baltimore City Md
18 (a) Funeral director Pulham & Co
(b) Address 1217 E. Fayette St
19 (a) NOV 17 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1940 to Nov 15 1940. and that I last saw him alive on Nov. 15 1940.

Immediate cause of death: Gas Gangrene — Duration 8 days
Due to: Peri-Rectal Abscess — 12 days
Due to:
Other Conditions: Pneumonia — Bronchi
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Gas infection
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? NO
(e) Means of injury

23. Signature Bernard J. Sokolow M. D.
Address St Jos Hosp Date signed 11-15-40

correct age is especially important

VS 3

74577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74577

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womens Hospital (St.) Maryland (Ward) 10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia G. Mead

If U. S. Veteran specify WAR No

(a) Residence: No. 3814 Belle Ave St., Ward. No. S Security Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Mead

6. DATE OF BIRTH (month, day, year) June 8 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George B Haymon

14. BIRTHPLACE (city or town) (State or country) Albany N. Y.

MOTHER

15. MAIDEN NAME Anna B Hosterd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna D Miller

(Address) 3814 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/19 1940

19. UNDERTAKER Wilhelm & Son

(Address) 1211 E Fayette

Huntington Williams M.D. (Registrar)

20. FILED NOV 17 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 16 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1940, to Nov 16, 1940

I last saw her alive on Nov 16, 1940 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio renal disease	

Other contributory causes of importance:

Generalized arteriosclerosis, Secondary anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond W. Linn M. D.

(Address) Womans Hospital

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

74578

HEALTH DEPARTMENT—CITY OF BALTIMORE

74578

CERTIFICATE OF DEATH

133-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2499 Druid Hill St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 2499 Druid Hill St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Blanche Brooks

6. DATE OF BIRTH (month, day, year): July 30, 1875

7. AGE: Years 65; Months 3; Days 12; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Oct.

11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (city or town) (State or country): Calvert County Md.

FATHER

13. NAME: John L. Brooks

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER

15. MAIDEN NAME: Rachael Brown

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

17. INFORMANT: Mrs Blanche Brooks

(Address): 2499 Druid Hill.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 11-17 19 40

19. UNDERTAKER: Mrs. Geo H. Holland

(Address): 1631 Druid Hill Ave

FILED: NOV 17 1940 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1940 to Nov 14 1940

I last saw h... alive on Nov 14 1940 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Cyclonephritis — Date of onset Oct 31

Other contributory causes of importance: Bright's Syphilis — Date of onset Oct

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

Vo •

Social Sec # 217-14-1880

Penfield Heiss

F 74579 ✓ F 74579

BALTIMORE CITY HEALTH DEPARTMENT

F 74579 **CERTIFICATE OF DEATH** 83-2 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 N. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Penfield Heiss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah Heiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 27 - 1857

8. AGE: Years	Months	Days	If less than one day
83	9	20	hr. min.

9. Birthplace Shrewsbury, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Edna Harris
(b) Address 1506 N. Eutaw St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 11 - 18 - 40 (month) (day) (year)
(c) Cemetery or crematory New Freedom
Location New Freedom Pa.

18 (a) Funeral director John C. Hilley Inc
(b) Address 2435 E. Oliver St

19 (a) Date received NOV 17 1940 (b) Registrar Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th. 1940. at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1940. to 11/16 1940. and that I last saw him alive on 11/15 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis
Due to ---------
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo W Mongotongue M.D.
Address 401 E. 25th. St. Date signed 11/17/40

correct age is especially important. Physicians, please

VS 3

Carey

74580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-3

F 74580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2730 Hugo Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 Hugo Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Nora Carey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10-1870

8. AGE: Years	Months	Days	If less than one day
70	7	4	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Patrick Carey
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Kenney
15. Birthplace Ireland

16 (a) Informant Nellie Carey
(b) Address 2730 Hugo Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Leonard J Peake
18 (a) Funeral director
(b) Address 5305 Harford Rd Huntingtown Hollins, Md.
19 (a) NOV 17 1940 (b) Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31-1940 to 11-14 1940, and that I last saw her alive on 11-13 1940.

Immediate cause of death Hemorrhage

Due to Gastric ulcer? } carcinoma? }

Due to

Other Conditions Parkinson's disease Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 wks
Unknown
over
1½ yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Sybert M. D.
Address 2807 Harford Ave Date signed 11-15-40

Correct age is especially important

74581

HEALTH DEPARTMENT—CITY OF BALTIMORE

LOW

CERTIFICATE OF DEATH

also born at →

119-a F 74581

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Municipality Hospitals (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Low

If U. S. Veteran specify WAR

(a) Residence: No. 2700 Brookland Ave St., (Booth F. 18224) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 29th - 1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Alfred B. Low

14. BIRTHPLACE (city or town) (State or country) Roanoke Va.

MOTHER

15. MAIDEN NAME Margaret Green

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Pa

17. INFORMANT Parents

(Address) 2700 Brookland Ave.

18. BURIAL, CREMATION, REMOVAL

Place Lorraine Date 11/18/40

19. UNDERTAKER John E. Connolly

(Address) Govans Md.

20. FILED ... 19... for Williams, M.D. Registrar.

NOV 17 1940

VS 8

State CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17th. 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th. 1940 to Nov 17th. 1940

I last saw him alive on Nov. 17th. 1940 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Pneumonia	
Prematurity	11-8-40
Sclerema (Terminal)	

Other contributory causes of importance:

Dehydration - Ulceration of Intestines	"
Endocarditis.	"

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis C. Gaeis M. D.

(Address) Municipality Hospital

F 74582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74582
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Clifton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Alice Murphy

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ William E. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1877

8. AGE: Years	Months	Days	If less than one day
63	3	12	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John A. Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Roseana Cusack
15. Birthplace Balto Md.

16 (a) Informant Wm Emmet Murphy
(b) Address 2903 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 18 1940 (Date rec'd by registrar) (b) Huntington Nitis Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1940, at 5:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 4 1940, to November 17 1940, and that I last saw h[illegible] alive on November 17 1940.

~~Immediate~~ cause of death
Acute Glomerulonephritis

Duration
over

Due to

Due to

Other Conditions Uremia, Malaria

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theresa F. Clark
Address Mercy Hospital Date signed 11/17/40

correct age is especially important when deceased is under one year

F 74583

F 74583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 N Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 N Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W McAllister

3 (b) If veteran, name war No
3 (c) Social Security Account No. 218-09-0407

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Emma C McAllister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1864

8. AGE: Years 76 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist Helper
11. Industry or business Lemmon Brake Shoe Co

FATHER
12. Name George McAllister
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Hester Ewing
(b) Address 1629 N Monroe St

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 11 19 40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 E Fort Ave

19 (a) 11-8-1940 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1940, to Nov 16 1940.
and that I last saw h alive on Nov 16 1940

Immediate cause of death Chronic Myocarditis
Due to
Due to Exhaustion
Other Conditions Anasarca
Began Sept. 5 1940
(Include pregnancy within 3 months of death)

Duration Multiple Aug 19 1940.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Clark M.D. M. D.
Address 3214 Piedmont Ave Date signed 11/17/40

VS 3

F 74584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16+e

F 74584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. O. A. Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 10

3 (a) FULL NAME Edward W. Boone

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1885

8. AGE: Years	Months	Days	If less than one day
55	3		hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Daniel A Boone
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Melonie A. Carroll
15. Birthplace Little Rock Arkansas

16 (a) Informant Sanchez Boone
(b) Address 1221 N. Calvert St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/18/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) NOV 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1940, at 8:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said !! (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet Wound Head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11/16/40
(c) Where did injury occur? Patterson Park Bench (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury 38 Cal. S & W - lead bullet

23. Signature H. W. Vandersluis M.D. Medical Examiner.
Date signed 11/17/40

VS 6

Cause and age is especially important. Physicians: please write the cause of death clearly.

74585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 74585
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2317 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 Harlem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur R. Van Sant

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212-01-1746

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillie Elizabeth Van Sant

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 25, 1873

8. AGE: Years 67 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Pawnbroker

FATHER
12. Name Johnathon N. Van Sant
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia M. Myers
15. Birthplace Md.

16 (a) Informant Lillie Elizabeth Van Sant
(b) Address 2317 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Ezby

18 (a) Funeral director Mrs. Mrs. John N. Teufel Son
(b) Address 801 N. Fayette St.

19 (a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 4 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1937 to Nov 16 1940, and that I last saw deceased alive on Nov 16 1940

Immediate cause of death: Chronic cardio vascular disease — Duration 3 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest N. Lahue

Address 1735 Poplar Gr St Date signed 11/16/40

corrected age is especially important

VS

74586 60352 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74586 94-N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Jefferson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-5636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife Alms (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/24/1901

8. AGE: Years	Months	Days	If less than one day
40	0	10 20	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Trimmer
11. Industry or business Beth. Steel Freight Mill

FATHER
12. Name Phillip Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name willie ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Mrs. R.A. Elliott & Daughter
(b) Address 1297 W. Caroline Street

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14-1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24-1940, to 11-14-1940, and that I last saw h[illegible] alive on 11-14-1940.

Immediate cause of death	Duration
Cardiac failure	?
Lobar pneumonia	?
Due to	
Myocardial infection	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 11-16-40

Nov 18

Director [illegible] Registrar

VS 3

correct age is approximately [illegible]

74587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 74587

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 N. Cold Spring Lane

(c) Hospital or institution: Hoffman Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3521 Falls Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Pierce Boyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Nannie R. Boyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1852

8. AGE: Years 88 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace York Co. Pennsylvania (Town, county, and state)

10. Usual Occupation Foreman Pa. R.R.

11. Industry or business Retired 18 years

FATHER

12. Name Conrad Boyer

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Ambrie Fried

15. Birthplace Pennsylvania

16 (a) Informant Ralph Emerson Barnes

(b) Address 3521 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

NOV 18 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940, to Nov 15 1940 and that I last saw him alive on Nov 19

Immediate cause of death	Duration
Uremia	
Due to Nephritis	
Due to Cardiovascular-renal disease	
Other Conditions Partial urethral stricture with prostatic hypertrophy. (Include pregnancy within 3 months of death) Over	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. R. Montague Jr. M. D.

Address 840 W. 36th St. Date signed 11/14/40

correct age is especially important

VS 3

F 74588 JS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 74588 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 W. Ostend St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife Myrtle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-1884

8. AGE: Years	Months	Days	If less than one day
56	4 5	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Napoleon Jackson
13. Birthplace ?

MOTHER
14. Maiden Name Alzena Bryant
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 19 40
(month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jenkins
(b) Address 916 Pendra ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-1940, at 12 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16-1940, to 11-16-1940, and that I last saw h[illegible] alive on 11-16-1940

Immediate cause of death — Duration
Cerebral Thrombosis — ?
Bronchopneumonia — ?
Due to Gen. A-S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pending.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 11-17-40

Correct if not typewritten

VS 8

74589

HEALTH DEPARTMENT—CITY OF BALTIMORE

74589

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 Chestnut Ave, 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine V. Walker.

If U. S. Veteran specify WAR .....

(a) Residence: No. 3519 Chestnut Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Walker.

6. DATE OF BIRTH (month, day, year): Feb 14, 1862

7. AGE: 78 Years | 9 Months | 1 Day | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Georgie Walters

(Address): Randallstown, Md

18. BURIAL, CREMATION, OR REMOVAL: St Marys Hampden Date Nov 18, 1940

19. UNDERTAKER: Chenault & Donovan

(Address): 3615-17 Chestnut Ave

RECEIVED NOV 18 1940 19.. at Washington Mills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1940 to Nov 15 19..

I last saw her alive on Nov 14 1940 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Diabetes,	
Myocardial Insufficiency	Nov 15, '40
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edd Sidney Lowe M. D.

(Address) 950 W 36 St

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 74590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

F 74590

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ONVERY & CATHERINE STS

(c) Hospital or institution: ST. JOSEPH'S

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DAYS

(e) Length of stay in Baltimore (yrs., mos., or days) 8 DAYS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 912 N. BROADWAY AVE. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME BABY McEANEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV 5, 1940

8. AGE: Years	Months	Days	If less than one day
		11	..... hr. ..... min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER

12. Name PHILIP B. McEANEY

13. Birthplace MD

MOTHER

14. Maiden Name RUBY MARSTELLER

15. Birthplace MD

16 (a) Informant PHILIP B. McEANEY

(b) Address 912 N. BELNORD AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 16, 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location .....

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Chestnut Ave

NOV 18 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH NOV. 16th 1940, at 6 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1940, to 11/16 1940, and that I last saw h[illegible] alive on 11/16 1940.

Immediate cause of death Bronchopneumonia

Due to Aspiration?

Due to Inanition

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 2 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.

Address St. Joseph's Hosp Date signed 11-17 40

correct age is especially important

F 74591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74591

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 N. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET BROOKS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1883

8. AGE: Years	Months	Days	If less than one day
57	1	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A. Constance
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie Gordan
15. Birthplace Maryland

16 (a) Informant George Brooks
(b) Address 1322 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location E. North Ave Extension

18 (a) Funeral director Leo F. Cook
(b) Address 1705 N. Patterson Park Ave

19 (a) NOV 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Hypertensive heart disease
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-18-40

VS 6

correct age is especially important. Physicians, please

F 74592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Hope

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-2197

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10th 1870

8. AGE: Years	Months	Days	If less than one day
70	8	5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Janitor Jr or

11. Industry or business Shy Rich Mens Lodge

FATHER
12. Name John W. Hope
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Tracy Anvil
(b) Address 635 W. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16th 1940 (month) (day) (year)
(c) Cemetery or crematory Baltoa Mem
Location E. North Ave Ext

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Patty Park Ave
(c) NOV 18 1940 (Date rec'd by registrar) (d) Clinton for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940 to Nov. 15 1940 and that I last saw h[illegible] alive on Nov 15 1940

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration Nov 15, 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schmidt M. D.

Address 234 Annapolis Rd Date signed

correct age is especially important. [illegible]

VS: 2301 Annapolis Rd Dr Shonfeld Nov. 16, 1940

F 74593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 - a F 74593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) (Born)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose A. Heline (Hebaline – Hekaline – Hekaline & Healine)
3 (b) If veteran, name war (Rose) **3 (c)** Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Heline (Deceased) 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1863

8. AGE: Years	Months	Days	If less than one day
77	9 10	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Sykes
13. Birthplace England –

MOTHER
14. Maiden Name Mary (?)
15. Birthplace Md.

16 (a) Informant Mrs. Evelyn Kellenberg
(b) Address 1735 S. Charles St. (Granddaughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 St. Charles St.

19 (a) NOV 18 1940 (Registrar) (b) Filed by Wm. M. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940 to Nov 16 1940, and that I last saw her alive on Nov 15 1940

Immediate cause of death Cerebral Hemorrhage — Duration 2 wks
Due to
Due to Exhaustion — 11/14/40
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. E. Campbell M. D.
Address 1644 Hanover St. Date signed 11/16/40

VS 3

Correct age is especially important in early years

F 74591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 74594 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie H Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Henry Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15 - 1892

8. AGE: Years	Months	Days	If less than one day
48	8		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Henry Thomas
(b) Address 1624 N. Calhoun St

17 (a) Burial (b) Date thereof 11/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 130 Pregman St

Huntington Williams, M.D.
Registrar

19 (a) NOV 18 1940 (b)
(Date received by registrar)

VS 6

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1940, at 5:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Madden M.D.
Medical Examiner.
Date signed 11-15-40

F 74595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74595

83-a Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1149 Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(b) Street No. 1149 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14 3325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Annie Lewis

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 15 1893

8. AGE: Years	Months	Days	If less than one day
47	6	2	hr. — min.

9. Birthplace Northumberland Co. Va
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business Longshoring

FATHER
12. Name Theodore Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Redmond
15. Birthplace Va

16 (a) Informant Mrs Annie Lewis
(b) Address 1149 Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (month) (day) (year)

(c) Cemetery or crematory Va
Location Northumberland Co. Va

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Presstman St.

19 (a) Filed NOV 18 1940 (b) Huntington Williams, M.D. Registrar
(Date) (Registrar)

VS 3

Emma Cabaud

correct age is especially important

MEDICAL CERTIFICATION

1:40 P.M.

20. DATE OF DEATH 11-17- 1940, at 1740 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1940, to 11-17-1940, and that I last saw him alive on 11-16-1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Arteriosclerosis and hypertension — Duration: Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 829 N. Strieker St. Date signed 11-17-40

F 74596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 W Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob K Goldshider

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1885

8. AGE: Years	Months	Days	If less than one day
55	8	4	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Grocer

FATHER
12. Name Bernard Goldshider
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Keyser
15. Birthplace Russia

16 (a) Informant Bessie Goldshider
(b) Address 1931 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 19 / 40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Baltimore Co. Md.

18 (a) Funeral director H. Segman & Bros
(b) Address 1124-26 W. North ave

19 (a) NOV 19 1940 (Date received by Registrar) (b) Huntington Woods, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17, 1940, to Nov. 17, 1940, and that I last saw h[illegible] alive on Nov. 17, 1940.

Immediate cause of death Coronary occlusion — Duration 30 Minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert E. Rudman M.D. M. D.
Address 2517 W. Baltimore St Date signed 11/17/40

VS 3

388515

F 74597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74597

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 E. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Evangelista

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Sep.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-99

8. AGE: Years 41 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Shirt Maker
11. Industry or business

FATHER
12. Name Ralph Evangelista
13. Birthplace Italy

MOTHER
14. Maiden Name Anna D.
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Wells Rose
(b) Address 52 N. Morlwy St.

19 (a) NOV 18 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940 at 4:10 O M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1940 to Nov 13 1940. and that I last saw him alive on Nov 13 19

Immediate cause of death: Cardiac failure
Due to: Broncho pneumonia organism not known
Due to: Bronchiectasis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation: bronchiectasis
Of autopsy: Multiple pulmonary abscesses, bronchiectasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Billings M. D.
Address Jo H Hospital Date signed 11-18

VS 3

F 74598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 74598

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1712 E. 25th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pascal M. Gentile

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-10-2799

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lucia Gentile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-4-98

8. AGE: Years	Months	Days	If less than one day
42	1	13	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Tailor Shop

FATHER
12. Name Luigi Gentile
13. Birthplace Italy

MOTHER
14. Maiden Name Maria V. Lanza
15. Birthplace Italy

16 (a) Informant Lucia Gentile (Wife)
(b) Address 1712 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20th-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Wells Hoce
(b) Address 52 N. Morley St.

NOV 18 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17-1940, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-1940, to 11-17-1940, and that I last saw h. alive on 11-17-1940.

Immediate cause of death: Cardiac Decompensation — Duration

Due to: Rheumatic Pericarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 11-17-40

VS 3

F 74599

F 74599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E-33rd St.
(c) Hospital or institution:
Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Ferncliff Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Beau A. McCormick

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose V. Duer

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 5, 1856?

8. AGE: Years	Months	Days	If less than one day
84	5	13	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Retired Spice Importer

11. Industry or business

FATHER 12. Name Robert Burns McCormick

13. Birthplace Va

MOTHER 14. Maiden Name Katherine A. Reynolds

15. Birthplace Va

16 (a) Informant Chas P. McCormick

(b) Address 7 W. 39th St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Place

NOV 18 1940 (Date rec'd by registrar) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18/40 19..., at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1940 to 11/18 1940, and that I last saw him alive on 11/18 1940.

Immediate cause of death	Duration
Cardiac Failure	½ hr.
Due to Type III Pneumococcus Lobar Pneumonia	30 hrs.
Due to	
Other Conditions Arterio-sclerotic Gt. Dis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Calvin Abrams M. D.

Address Union Memorial Hosp Date signed 11/19/40

VS 3

F 74600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74600 127-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 Calvert St.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE CITY.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 PORTLAND ST., CITY (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME AMELIA POHLMAN

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	WHT.	WIDOW

6 (b) Name of husband or wife HENRY POHLMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	9	3	— hr. — min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation ———
11. Industry or business ———

FATHER
12. Name HENRY WEBER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARETHA KOHLER
15. Birthplace GERMANY

16 (a) Informant MISS Margaret Pohlman
(b) Address 646 Portland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-19-40 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location Balto. MD.

18 (a) Funeral director JOS JOERDENS-SON
(b) Address 217-S-PACA-ST.

19 (a) (Date rec'd by registrar) Nov 18 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1940, at 12 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 25 1940, to NOV 16 1940, and that I last saw h.c.c. alive on NOV. 16 1940.

Immediate cause of death	Duration
PERIPH. VASC. COLLAPSE	24 hrs
Due to GENERALIZED SEPSIS FROM	30 DAYS
FECAL FISTULA	35 DAYS
Due to ABDOM. ABSCESS FROM	55 DAYS
RUPTURED GALL BLADDER	60 DAYS
Other Conditions	CHR

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M. D.
Address Union Memorial Hospital Baltimore Md. Date signed 11-16-40

F 74601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 117 a

F 74601 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E - 33rd St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Gibson Brinkley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife: 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1887

8. AGE: Years 53 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Sterling Brinkley
13. Birthplace Georgia

MOTHER
14. Maiden Name Roberta Smith
15. Birthplace Georgia

16 (a) Informant Miss Roberta H. Brinkley
(b) Address 2318 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18th 1940 (month) (day) (year)
(c) Cemetery or crematory Thomson the Old Town
Location Augusta Ga

18 (a) Funeral director Henry H. Jenkins & Co
(b) Address Orchard & McCulloh Sts

19 (a) Nov 18 1940 (Date received by registrar) (b) Huntington, West Virginia

V 18 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1940, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1940 to 11/17 1940, and that I last saw her alive on 11/17 1940.

	Duration
Immediate cause of death: Peritonitis	3d.
Due to: Perforated Peptic Ulcer	3 d.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Sources of Diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams
Address Union Memorial Hosp Date signed 11/17/40 (M. D.)

F 74602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 74602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Aliceanna Street
(c) Hospital or institution:
Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Aliceanna Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Lucya Oleksiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Julian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

PARENTS

12. Name Martin Kluga

13. Birthplace Poland

MOTHER

14. Maiden Name Frances Pawlowski

15. Birthplace Poland

16 (a) Informant Walter Wdzieczkowski (Son)
(b) Address 310 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, County Md.

18 (a) Funeral director George A Weber
(b) Address 705 S. Ann Street

19 (a) [illegible] Registrar
NOV 18 1940
Vs. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Influenza 16 1940, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandecruft M.D. Medical Examiner.
Date signed 11/18/40

correct age is especially important. Physicians, please

4603 Js

F 74603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Young

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	Widowed

6 (b) Name of husband or wife James Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1870?

8. AGE: Years	Months	Days	If less than one day
? 70?	10	14	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Israel Butler
13. Birthplace Md.

MOTHER 14. Maiden Name Catherine Smith
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 N. Schroeder St.

19 (a) NOV 18 1940 (Date rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1940, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1940, to 11/15 1940, and that I last saw her alive on 11/15 1940.

Immediate cause of death	Duration
Cardio-vascular renal disease & cardiac failure	?
Due to Large varicose ulcer left leg	8 yrs.
Due to Senile psychosis	10 wks
Other Conditions Wassermann-reaction - positive (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp. Date signed 11/15/40

F 74604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74604 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rutland & Monument

(c) Hospital or institution: Sinai Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo

(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2305 Brookfield Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 51 years

3 (a) FULL NAME Louisa Bondy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Albert Bondy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 14, 1868

8. AGE: Years	Months	Days	If less than one day
72	8	3	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Moritz Bernard

13. Birthplace Bohemia

MOTHER 14. Maiden Name Francisca Rosenzweig

15. Birthplace Bohemia

16 (a) Informant Mr. E. Bondy

(b) Address 2305 Brookfield Ave

17 (a) Cremation (b) Date thereof 11/19/40. (Burial, cremation, or removal) (month) (day) (year)

(c) ~~Cemetery or~~ crematory Fort Lincoln

Location Bladensburg, Md.

18 (a) Funeral director Sand Sondheim & Son

(b) Address 1902 Eastern Ave Huntington Terminal, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1940 to 11/17 1940, and that I last saw h~~er~~ alive on 11/17 1940.

Immediate cause of death Cardiac failure — Duration 2 yrs

Due to Pneumonia & Hypostatic Pneumonia — Duration 4 yrs

Due to

Other Conditions Cerebral thrombosis — Duration

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. H. Russak M.D.

Address Sinai Hospital Date signed 11/17/40

F 74605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

Registered No. F 24605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1mo15da
(e) Length of stay in Baltimore (yrs., mos., or days): 1mo15days

2. USUAL RESIDENCE OF DECEASED:
(a) State: ~~Maryland~~ New Jersey (b) County:
(c) City or town: Blainfield
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1176 Lorraine Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

12-16

3 (a) FULL NAME: Gustav Anderson (Gustave Anderson)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	Unknown	Male	White	Single

6 (b) Name of husband or wife: ----------
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1880

8. AGE: Years	Months	Days	If less than one day
60	0	12	..... hr. ..... min.

9. Birthplace: Finland (Town, county, and state)
10. Usual Occupation: First Mate
11. Industry or business: SS J. C. DONNELl

FATHER
12. Name: Andrew Anderson
13. Birthplace: Finland

MOTHER
14. Maiden Name: Elizabeth Hagglund
15. Birthplace: Finland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory: Hillside Cem.
Location: Scotch Plains Township, N. J.

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) [illegible] NOV 18 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17, 1940, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2, 1940, to Nov. 17, 1940, and that I last saw him alive on Nov. 17, 1940

Immediate cause of death	Duration
Uremia; also Intestinal hemorrhage from duodenal ulcer	1 da.
Due to: Uremia due to arteriolosclerosis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. B. Anderson M.D.
Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed: 11-18-40

VS 3

74606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

Registered No. E 74606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo-14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Robert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C Gail

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Louise Gail
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1892

8. AGE: Years	Months	Days	If less than one day
47	11	12 22	hr. min.

9. Birthplace Md. Baltimore
(Town, county, and state)

10. Usual Occupation Hauling Business

11. Industry or business

FATHER
12. Name Alexander Gail
13. Birthplace Md. Elkton

MOTHER
14. Maiden Name Lizzie
15. Birthplace Va. Winchester

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 18, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N Hedgewood St.

19 (a) NOV 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 1940, to 11/14 1940, and that I last saw h[illegible] alive on 11/14 1940.

Immediate cause of death metastatic cancer left groin — Duration 2 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney H. Pickert Jr.
Address Baltimore City Hosp. Date signed 11-15-40

VS 2

74607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 E 74607 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 N. Caroline St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Ross

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-35

8. AGE: Years	Months	Days	If less than one day
5		29	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Ross
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Johnson
15. Birthplace Virginia

16 (a) Informant Above hospital record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md.

18 (a) Funeral director Mrs R. Elliott Daughter
(b) Address 1119 N. Caroline St.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

NOV 18 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 — 1940, at 8:35 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an 11-14-40 (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Broncho-pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy John Hopkins

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Welkins M.D.
for Wm. S. Hoffman Medical Examiner.
Date signed 11-15-40

correct age is especially important. Typewrite or print plainly.

74608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 ✓ aF 74608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Etting St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Etting St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert Davis

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Vienna Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Parker
13. Birthplace Vienna, Md

MOTHER
14. Maiden Name Francis Jolley
15. Birthplace Vienna Md

16 (a) Informant Albert Davis
(b) Address 1317 Etting St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery or crematory Vienna Cemetery
Location Vienna Maryland

18 (a) Funeral director Mrs Ida B Bailey
(b) Address 1421 Jefferson St

19 (a) (b) Huntingtown Md (Date rec'd by registrar) Registrar

NOV 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1940 at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1940 to 11-16 1940 and that I last saw h alive on 11-14 1940

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 5-5-4 Dolphin St Date signed 11-16-40

correct age is especially important

F 74609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74609 Registered No. 94-0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 S. Bayliss St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 9

(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 S. Bayliss St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 YRS. years

3 (a) FULL NAME BARBARA NOPPINGER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Michael Noppinger

6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Aug 15, 1873

8. AGE: Years: 67 | Months: 2 | Days: 27 26 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: GEORGE FUERTSCH
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: KATHERINE NEUBAUER
15. Birthplace: GERMANY

16 (a) Informant: MICHAEL NOPPINGER (HUS.)
(b) Address: 701 S. BAYLESS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19/40 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 405 S. WOLFE ST.

NOV 18 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940, at 7:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to:

Due to:

Other Conditions: NO

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 11-16-40

F 74610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 74610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 26-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ Baltimore City
(c) City or town Rectortown (If outside city or town limits, write RURAL and give town)
(d) Street No. 3226 Fosters Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sebastian Reinsfelder

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife MARY REINSFELDER
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 22. 1865

8. AGE: Years	Months	Days	If less than one day
74	10	24	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name JOHN REINSFELDER
13. Birthplace GERMANY.

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant MARY REINSFELDER (WIFE)
(b) Address 3220 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. WOLFE ST.

19 (a) ..... (Registrar) (b) ..... Registrar

NOV 18 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940, to 11-16 1940, and that I last saw him alive on 11-15 1940.

Immediate cause of death Toxemia — Duration .....

Due to Lobar pneumonia — Duration .....

Due to Complicated by Emphysema — Duration .....

Other Conditions Hypertension - C-V. disease. — Duration .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Consolidation of lower lobe of left lung.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature F. Ford Loker M. D.
Address Mercy Hospital Date signed 11-16-40

F 74611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 74611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 E Preston St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 E Preston
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Margaret Kammerer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Kammerer
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 11 1872

8. AGE: Years	Months	Days	If less than one day
68	6	515	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Geo Dettmar

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Dettmar

15. Birthplace Germany

16 (a) Informant Frederick Kammerer
(b) Address 2026 E Preston St

17 (a) Burial (b) Date thereof Nov 19/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto Cem
Location Balto

18 (a) Funeral director John Uhl
(b) Address 2018 Eden St

19 (a) Date received by registrar NOV 18 1940 (b) Filing [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Nov 16 1940, and that I last saw h alive on Nov 15 1940

Immediate cause of death Chronic Lobular Cardiosclerosis, coronary sclerosis

Due to Diabetes Mellitus

Due to Diabetes Coloratis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Y.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Asher P. Silverly M. D.
Address 1939 N. Arlington Ave Date signed 11/18/40

F 74612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: N.W.H. St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Westfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Louis Strobel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6719

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 4/20/1880

8. AGE: Years	Months	Days	If less than one day
60	6	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Mfrg.

FATHER
12. Name Bernard Strobel
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mary Strobel
(b) Address 3019 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Ex

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

(Date received) NOV 18 1940 (b) Huntington Pelligrini M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at 5 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Rudelsheim M.D. Medical Examiner.
Date signed 11/18/40

Correct age is especially important

F 74613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74-a

F 74613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto. Gen'l Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 E. Barney (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Althea Lowe.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1937

8. AGE: Years	Months	Days	If less than one day
3	6	2	hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Lowe
13. Birthplace Balto Md

MOTHER
14. Maiden Name althea Phelps
15. Birthplace a a Co Md.

16 (a) Informant Mother Althea Lowe
(b) Address 214 E. Barney

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Annapolis Blvd

18 (a) Funeral director Margaret E. Flynn
(b) Address 1422 Light St.

19 NOV 18 1940 (Date received by Local Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1940, at 6 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Nov 18 1940, and that I last saw h alive on Nov. 18 1940.

Immediate cause of death Acute lymphatic leukemia. — Duration 6 Wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. F. Lewis M. D.
Address Balto Gen'l Hosp Date signed 11-18-40

VS 3

F 74614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 ✓

Registered No. F 74614

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Oliver & Caroline sts
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy E. Lilley (Birth # F 18741)

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 16 - 40

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name David Lehman Lilley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Dorothy E. Nupfeld
15. Birthplace Baltimore, Md

16 (a) Informant Father Hospital Records.
(b) Address above.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-18-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Rush
(b) Address 530 N. Howard St.

19 NOV 18 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 — 16 1940, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11:30 Am 19 . to 2:15 P.M. 19 . and that I last saw her alive on 11 - 16 - 1940.

Immediate cause of death Respiratory collapse — **Duration**

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace Anthony Jr. M.D.
M. D.
Address St. Joseph's Hospital Date signed 11/

VS 8

74615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

Registered No. F 74615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 East North Avenue
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 730 E. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME ANNIE B. DUNN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Joseph Latta Dunn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1863

8. AGE: Years	Months	Days	If less than one day
77	--	--	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Michael Kehoe
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Grehee
15. Birthplace Ireland

16 (a) Informant Miss Naomi Dunn
(b) Address 730 East North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. H. Young & Son Inc.
(b) Address 110 W. Mt. Royal Ave. Huntington Williams, Jr.

19 NOV 18 1940 (Date Received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Nov 17 1940 and that I last saw her alive on Nov 17 1940

Immediate cause of death Cerebral Abscess

Due to Sclerosis - Right

Due to Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Kirby M. D.
Address 110 E. North Ave. Baltimore Md.

correct age is especially important

VS 3

74616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164-a

Registered No. B 74616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Shakespeare St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME JOSEPH WLOCZEWSKI WTOCZEWSKI WIDCZEWSKY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-3137

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mary Wlocsefski

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 62 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Clothing

FATHER
12. Name
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Wife Mary Wloczewski
(b) Address same address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 19 40 (month) (day) (year)
(c) Cemetery or crematory ST. ODILIA CROSS
Location MT. CARMEL RD

18 (a) Funeral director MARTIN W. EDIPPEL
(b) Address LOMBARD & ANN STS

19 (a) Registrar Huntington Williams M.D.
(b) Date received NOV 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1940, at 1 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging by rope — Duration
Due to: Suicide
Due to: Mental dependency
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11-16-40
(c) Where did injury occur? 1610 Shakespeare St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury tied rope to door

23. Signature H. L. Wollenweber M.D.
Date signed 11-16-40 Asst. Medical Examiner.

VS 6

correct age is especially important. Any discrepancy

74617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 74617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 W. 40th. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W. 40th. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Long King

3 (b) If veteran, name war: np
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife George W. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30. 1877

8. AGE: Years	Months	Days	If less than one day
63	3	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Wm. S. Long
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Davis
15. Birthplace Md.

16 (a) Informant Margaret A. King
(b) Address 607 W. 40th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19. 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. A. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) NOV 18 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1925 to Nov 17 1940 and that I last saw alive on Nov 16 1940.

Immediate cause of death Cerebral Embolism
Due to Artes & Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: Sept 1925

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury No

23. Signature H. L. Nichols M. D.
Address Wentworth Arms, Cathedral & Mulberry Date signed

F 74618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74618

1. PLACE OF DEATH:

(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)

(d) Street No. 12½ Monroe St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Basil Roukis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-39

8. AGE: Years	Months	Days	If less than one day
1	5	1	hr. min.

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Roukis

13. Birthplace Greece

MOTHER 14. Maiden Name Magalice Euskratiou

15. Birthplace Greece

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 11-20-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Long Island N.Y.

18 (a) Funeral director John J. Mitchell Sons

(b) Address 1900 Eutaw Pl.

19 (a) NOV 18 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940 to Nov 18 1940 and that I last saw him alive on Nov. 18 1940.

Immediate cause of death	Duration
Craniotomy	
5 days ago	
Due to	
Due to	
Other Conditions hydrocephalus	life

(Include pregnancy within 3 months of death)

Major findings:
Of operations hydrocephalus

Of autopsy hydrocephalus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Margaret H. D. Smith M.D.

Address Johns Hopkins Hospital Date signed 11-18-40

VS 8

74619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 ✓ F 74619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Carey St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Byrd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1 day	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name James W. Byrd
13. Birthplace Rose Sarah Carolina

MOTHER 14. Maiden Name Mamie Kennedy
15. Birthplace Winnsboro South Carolina

16 (a) Informant Father
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar 6046

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1940, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-40 19 , to 11-17-1940, and that I last saw him alive on 11-17-1940.

Immediate cause of death	Duration
Pneumaturemia	24 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 11-17-40

7388279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

117-a V

Registered No. E 24620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 S Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-89

8. AGE: Years	Months	Days	If less than one day
51	8	25	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation SEAMAN

11. Industry or business

FATHER 12. Name William Brown
13. Birthplace Austria

MOTHER 14. Maiden Name Isabel Ruxton
15. Birthplace Austria

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Hoover

19 (a) NOV 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6049

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-9 1940, at 7'17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to Nov 9 1940, and that I last saw h.i.M alive on Nov 9 1940.

	Duration
Immediate cause of death Hemorrhage, Intra-abdominal	1/2 hour
Due to Erosion Artery	
Due to Perforated Gastric Ulcer - Gastric Reaction	3 wks. 10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Perforated Gastric Ulcer
Of autopsy Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Gray Wilson M. D.
Address Johns Hopkins Hosp. Date signed N-18-40

74621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 74621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 Russell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Russell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Tillman

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/17/40

8. AGE: Years	Months	Days	If less than one day
			hr. 40 min.

9. Birthplace 1107 Russell St. (Town, county and state)
10. Usual Occupation Premature Infant
11. Industry or business —

FATHER
12. Name Harvey B. Tillman
13. Birthplace N. C.

MOTHER
14. Maiden Name Eliz. Covington
15. Birthplace N. C.

16 (a) Informant Harvey B. Tillman
(b) Address 1107 Russell St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 18 1940 (Signature of Registrar) Huntington Williams M.D. Registrar

6045

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1940, at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1940, to 11/17 1940, and that I last saw h alive on 19

Immediate cause of death
Atelectasis & Prematurity (7 months child) — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Travis M. D.
Address 615 S. Paca St Date signed 11/17/40

74622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 E Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 2104 E. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years years

3 (a) FULL NAME Joseph Opocensky

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1881

8. AGE: Years	Months	Days	If less than one day
59	7	16?	hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Merchant Tailor

11. Industry or business

FATHER
12. Name Joseph Opocensky
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Anna E. Opocensky
(b) Address 2104 E. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore, Maryland

18 (a) Funeral director FRANK CVACH & SON
(b) Address 800 N. Chester Street

NOV 18 1940 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 11:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wetham S. Hatfield M.D. Medical Examiner

Date signed 11/18/40

VS 6

correct age is especially important. If unknown, please state approximate

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74623 — CERTIFICATE OF DEATH — 93-D 74623

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Fawn St. St. 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dy.

2. FULL NAME John. Geiger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1012. Fawn St. St., ... Ward. 55

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Theresa Geiger

6. DATE OF BIRTH (month, day, year): May 23/66

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74.	6.	23 18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Freeman - Packing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gilks' House

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Michael. Geiger.

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Theresa Geiger

(Address) 1012. Fawn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 19. 1940

19. UNDERTAKER: Neudeld & Engel

(Address) 312. S. Highland Ave.

FILED NOV 19 1940 19.... Registrar

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 5 1939 to November 16 1939

I last saw ... alive on September 16 1940. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Myocarditis	2 years
Other contributory causes of importance: Cerebral Sclerosis	2.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Velotta M. D.

(Address) 6 W. Preston St. Nov 19-40

74624 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 193-DF 74624

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. Broadway St. 2-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 7 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John. Hoffman

If U. S. Veteran specify WAR _____

(a) Residence: No. 249 S. Broadway St., _____ Ward 2-2 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hoffman

6. DATE OF BIRTH (month, day, year) May 28. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
63.	5.	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George. Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Albert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Hoffman (Address) 249 S Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Lehwanter Cem. Date Nov. 19 1940

19. UNDERTAKER Neubell & Degel (Address) 342 S. Highland Ave.

FILED NOV 19 1940 [illegible]

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1940 to Nov. 16 1940

I last saw h[illegible] alive on Nov. 16 1940 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardio Vascular Disease	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____ 19__

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Andrew Klymkowski M. D.

(Address) 2579 Eastern Ave

F 74625

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

60146 F 74625

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 S. Brunswick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 call years

20-C

3 (a) FULL NAME John Brendel

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1887

8. AGE: Years	Months	Days	If less than one day
53	8	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Adam Brendel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Litz
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E Pratt St

19 (a) NOV 20 1940 Huntington Williams M.D.
(Date received) (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1940, at 5:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1940, to 11-17 1940, and that I last saw him alive on 11-17 1940

Immediate cause of death	Duration
Bronchogenic carcinoma left	6 mos.
Terminal pneumonia	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rigdon M.D.
Address Balto. Alyfold Date signed 11-17-40

F 74626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie H. Biggs

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th 1864

8. AGE: Years	Months	Days	If less than one day
76	3	22	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name John Harris
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John F. Biggs
(b) Address 2000 N. Wolfe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

NOV 19 1940
(Date rec'd by registrar)
Signature for Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17th 1940, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1940, to Nov 17 1940, and that I last saw her alive on Nov 16 1940.

Immediate cause of death Left Hemoplegia — Duration

Due to Arterio Sclerosis

Due to Infirmities of age

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. P. Carman M. D.
Address 1701 N Carolina Date signed 11-18-40

VS 3

388564
F 74627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74627
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 S. High St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Baynard Cotter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-9-40

8. AGE: Years	Months	Days	If less than one day
	1	8	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Cotter
13. Birthplace Pa.

MOTHER 14. Maiden Name Ida M. Christ
15. Birthplace Pa.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 11/20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Nov 19 1940 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 at 6 45/60 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940 to Nov 17 1940 and that I last saw him alive on Nov 17 1940.

Immediate cause of death	Duration
Respiratory obstruction	
Due to Tracheo Bronchitis, Aspiration Pneumonia	1 wk
Due to Atelectasis of lung Septicemia	"
Other Conditions	"
	"
	"

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg M. D.
Address Johns Hopkins Hosp Date signed 11-18-40

F 74628 HEALTH DEPARTMENT—CITY OF BALTIMORE F 74628

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Webster St. 24-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John William Lang

If U. S. Veteran specify WAR _____

(a) Residence: No. 1732 Webster St., Ward S.S. # 213-07-3742
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary M. Lang

6. DATE OF BIRTH (month, day, year) Oct 6th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 11/15/40

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John W. Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Witte

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary M. Long
(Address) 1732 Webster St.

18. BURIAL, CREMATION, OR REMOVAL. Place Moreland Park Date 11/20 1940

19. UNDERTAKER William Cook
(Address) 1217 E. Paul St

20. FILED NOV 19 1940 19__ [illegible] Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1940 to Nov. 17, 1940

I last saw him alive on Nov. 17, 1940 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	[illegible] 1937

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) A. L. Gelbod M. D.

(Address) 2012 E. Fort Ave

74629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-3

F 74629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Clinton st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Stansbury

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1865

8. AGE: Years	Months	Days	If less than one day
75	6	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation housework

11. Industry or business —

FATHER
12. Name Taylor
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Webster
(b) Address 20 N. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 40 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location Balto

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans st

19 NOV 19 1940 (b) Registrar
(Date received by registrar)

Hunting to Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic nephritis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Anderson M.D.
Medical Examiner.
Date signed 11/18/40

correct age if apparently incorrect

F 74630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162-2

Registered No. F 74630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 E. Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 E. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Rumpf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Amelia Rumpf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1858

8. AGE: Years	Months	Days	If less than one day
82	5	23	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name George Rumpf
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth [illegible]
15. Birthplace Germany

16 (a) Informant Elizabeth Rumpf
(b) Address 1118 E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location Balto Md.

18 (a) Funeral director Philip Burgstaller
(b) Address 2024 Orleans St

19 NOV 19 1940 (Date rec'd by registrar) (b) Huntington Wilkinson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1940, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 18 1940, and that I last saw him alive on Nov 16 1940.

Immediate cause of death Pernicious Infirmities — Duration

Due to Infirmities

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. O. Carman M. D.
Address 1701 N Carolina Date signed Nov 18 40

VS 3

F 74631

F 74631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 N. Haven st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 N. Haven st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth K. Popp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Geo. A. Popp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24 - 1866

8. AGE: Years	Months	Days	If less than one day
74	1	23	2 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carl Schneemann
13. Birthplace Ger.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Geo. A. Popp
(b) Address 132 N. Haven st

17 (a) Burial (b) Date thereof 11 (month) 19 (day) 40 (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Eutaw st.

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

NOV 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1940, at 3.a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940, to Nov. 16, 1940, and that I last saw h[illegible] alive on Nov. 15, 1940.

Immediate cause of death	Duration
Cancer of the Stomach	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen S. Beatham M. D.
Address 3139 E. Baltimore st Date signed 11-16-40

74632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-M 74632

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Sinclair Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Sinclair Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer E. Shewbridge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie E. Dewey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1864

8. AGE: Years	Months	Days	If less than one day
76	9	6	hr. min.

9. Birthplace Sandy Hook Md.
(Town, county, and state)
10. Usual Occupation Linesman
11. Industry or business C & P. Tel. Co.

FATHER
12. Name not known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs. Minnie Johnson
(b) Address 2001 Sinclair Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 NOV 19 1940 (b) Harford Co. Md.
(Date received by Local Registrar) (Registrar's signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940, to 11-15 1940, and that I last saw him alive on 11-15 1940.

Immediate cause of death Chronic Interstitial Nephritis — Duration 6 months

Due to

Due to

Other Conditions Myocardial Degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David J. Miller M. D.
Address 1170 N Edwards Date signed 11/19/40

F 74633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74633

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 N. Kresson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Kresson St. (If rural give location)
26-K
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Shine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Wachsmuth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1859

8. AGE: Years	Months	Days	If less than one day
81	8	13	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Conn. Can Co.

FATHER
12. Name Wm. H. Shine
13. Birthplace not known

MOTHER
14. Maiden Name Mary Myers
15. Birthplace Germany

16 (a) Informant Minnie Shine
(b) Address 26 N. Kresson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) Nov 19 1940 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Nov 18 1940 and that I last saw him alive on 11/18 1940.

Immediate cause of death Acute Cardiac dilatation

Due to General debility

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Kershaw M. D.
Address 1707 Eutaw Pl. Date signed 11/19/40

74634

BALTIMORE CITY HEALTH DEPARTMENT 83-a F 74634

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 N. Biddle St
(c) Hospital or institution Aged Shelter
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 N. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No. 77

4 Sex: Female | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mrs. J. Hester
(b) Address 517 N. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1940 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Baltimore Md.

18 (a) Funeral director Wm. Francis A. Humphrey
(b) Address 578 N. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940, to Nov 17 1940, and that I last saw h[illegible] alive on Nov 17 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days

Due to

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pettigrew M. D.

Address 817 Hamilton Ter Date signed

74635
387596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or institution (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 95

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Brevard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Evans

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-67

8. AGE: Years	Months	Days	If less than one day
73	3	7	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name Ben Cook
13. Birthplace N.C.

MOTHER
14. Maiden Name Henrietta Cook
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md
(a) Funeral director Jos. Francis A. Hemsley
(b) Address 578 N. Biddle St.
19 (a) Filed 19 40 (Date rec'd by registrar) Wilmington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1940, to Nov 17 1940, and that I last saw h C R alive on Nov 17 1940.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to Undetermined organism
Due to
Other Conditions Diabetes mellitus, Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations Amputation of leg for diabetic gangrene.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sam'l P. Asper, Jr.
Address Johns Hopkins Hosp. Date signed 11-17-40 M. D.

74636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 74636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Ridgely St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. Rock

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9158

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	1	3		

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Box Maker

11. Industry or business Schmidt Paper Box Co

FATHER 12. Name Patrick Rock

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Goodwin

15. Birthplace Maryland

16 (a) Informant Mrs. Augusta Alt

(b) Address 2873 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20/40 (month) (day) (year)

(c) Cemetery or crematory St Peters Cem

Location Balto Md

18 (a) Funeral director Bernard E Harlo

(b) Address 521 E West St

NOV 19 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1940, at 5 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1940, to 11-17 1940, and that I last saw h[illegible] alive on 11-17 1940.

Immediate cause of death	Duration
Intracranial hemorrhage	12 hrs.
Due to Hypertension	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. M. Cunningham M. D.

Address Univ. Hospital Date signed 11-17-40

74637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 74637 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave
(c) Hospital or institution: Edgewood Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 E. 25th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Victoria Sappington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25th 1867

8. AGE: Years	Months	Days	If less than one day
73	8	23	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Saleslady

FATHER
12. Name Nicholas John Sappington
13. Birthplace Md

MOTHER
14. Maiden Name Maria E. Birkey
15. Birthplace Md.

16 (a) Informant Helen C. Sappington
(b) Address 103 E. 25th St

17 (a) Burial (b) Date thereof 11/20/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

NOV 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18th 1940 at 7:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1937 to Nov. 18 1940, and that I last saw her alive on Nov. 14 1940.

Immediate cause of death Chronic Myocarditis — Duration 3 yrs.

Due to Coronal Arteriosclerosis — 6-7 yrs.

Due to Hypertension — 5 yrs.

Other Conditions Chronic Atrophic arthritis. — Several years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wellington M. D.
Address 350 St Paul St Date signed 11/18/40

A. L. Wollenweber, M.D. asst Med. Examiner per E.L. Brantigan

74638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-a

F 74638

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1342 Division St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME George Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lilly Myers

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Nov 15-1879

8. AGE: Years	Months	Days	If less than one day
61	-	3	hr. min.

9. Birthplace Baltimore City, Md (Town, county, and state)

10. Usual Occupation Butler in Cafe

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Lilly Myers

(b) Address 1342 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location Baltimore, Md.

18 (a) Funeral director J. L. Preston Luberry

(b) Address 519 Mosher St

19 (a) (Date received by Registrar) (b) Hunter a for Williams M.D. Registrar

NOV 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18-40 19 at 2 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1940, to 11-18 1940, and that I last saw him alive on 11-18 1940

Immediate cause of death: Cerebral hemorrhage with right hemiplegia — Duration: 9 days

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. E. Musgrave M. D.

Address Provident Hospital Date signed 11-18-40

F 74639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 - a

Registered No. F 74639

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1409 W Lafayette ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County none

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1409 W. Lafayette ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rodney Bernard Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/13/40.

8. AGE: Years — Months — Days 4 If less than one day hr. — min.

9. Birthplace Baltimore / Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name Bernard Benj. Smyth

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Clemenza Geraldine Barnes

15. Birthplace Balto Md.

16 (a) Informant Mother

(b) Address 1409 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

(c) Huntington Williams M.D. (Registered by name of funeral director)

NOV 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17/1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1940 to 11/17 1940 and that I last saw h[illegible] alive on 11/17 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Pyelonephritis	2½ days
Due to Nephritis Interstitial Chronic	2½ days
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature C. N. Pifott, M. D.

Address 1536 W Lanvale St. Date signed 11/18/40

VS 3

Correct age is especially important

F 74640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 74640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits or in county write RURAL and give town)
(d) Street No. 511 N. Fulton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Charles Parkhill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife: Adelaide Parkhill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 16, 1845

8. AGE: Years: 95 | Months: 3 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Richmond Va. (Town, county, and state)

10. Usual Occupation: Retired Clerk
11. Industry or business: Penna. R. R.

FATHER
12. Name: John Parkhill
13. Birthplace: Richmond, Virginia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Mary Nesbitt Bauer
(b) Address: 3020 Presstman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues.

19 (a) (Signature of registrar) (b) [illegible] Registrar

NOV 19 1940

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH 11-16 1940 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10 1940 to 11-16 1940 and that I last saw him alive on 11-16 1940.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Hypertension C-V disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: C. F. Johnston Jr. M. D.
Address: Md General Hosp. Date signed 11/16/40

F 74641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 N. Fulton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 N. Fulton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

207

3 (a) FULL NAME Harry D. Albaugh

3 (b) If veteran, name war

3 (c) Social Security Account No. Self (none)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1872

8. AGE: Years	Months	Days	If less than one day
68	4	0	hr. min.

9. Birthplace Carrol County, Md.
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business — Self

FATHER
12. Name Abraham Albaugh
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah C. Burns
15. Birthplace Maryland

16 (a) Informant Mr. Melvin Albaugh (son)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Lay Lutheran Cemetery
Location Carroll County, Maryland

18 (a) Funeral director E. C. Lipton
(b) Address Hampstead Md

Date received NOV 19 1940 Registrar Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 7:30 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. S. Vandeursen M.D.
Medical Examiner.
Date signed 11/18/40

VS 6

74642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74642

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Keswick Rd. & 40th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME [redacted] German, Nellie R. German

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Isaac German

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1866

8. AGE: Years 74 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John F. Chenoweth
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Mary Stoner
15. Birthplace Harford Co. Md

16 (a) Informant Home for Incurable Records
(b) Address Keswick Rd. & 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Waugh Chapel
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

NOV 19 1940 (Date received) (Signature) Hunter Story Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Nov. 17, 1940, at 7.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1936, to 11/17 1940, and that I last saw ~~he/she~~ alive on 11/16 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 3 years

Due to

Due to Arthritis Deformans — 7 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Hesperger M. D.
Address 214 Maryland Ave. Baltimore Date signed

VS 3

F 74643 ✓ F 74643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4107 KATHLAND AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

26-W

3 (a) FULL NAME GEORGIA VIRGINIA STARKOFF (Starkloff)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Edgar Louis Starkloff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 23, 1874

8. AGE: Years	Months	Days	If less than one day
66	9	25	hr. min.

9. Birthplace Kent Co. MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ARTHUR KENDALL
13. Birthplace MD.

MOTHER
14. Maiden Name LAURA GLENN
15. Birthplace MD

16 (a) Informant Mr. Merle C. Birkeborn
(b) Address 3820 & 4107 Kathland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore — Md

18 (a) Funeral director Wm. McEnearney & Sons
(b) Address North & Eutaw

NOV 19 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1940, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1940, to Nov. 18, 1940, and that I last saw h[illegible] alive on Nov. 17 1940.

Immediate cause of death	Duration
CARCINOMATOSIS WITH INTESTINAL OBSTRUCTION	
Due to CARCINOMA OF THE STOMACH	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Rumbarger M. D.
Address Union Memorial Hosp. Date signed 11/19/40

F 74644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 74644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Chelsea Terrace 1548
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATE AMELIA Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin F. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1853

8. AGE: Years	Months	Days	If less than one day
86	11	27	hr. min.

9. Birthplace Harford Co., Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Johnson
13. Birthplace Harford Co., Maryland

MOTHER
14. Maiden Name Elizabeth Barrow
15. Birthplace Harford Co., Maryland

16 (a) Informant Miss Bessie C. Thomas
(b) Address 2115 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues
(c) NOV 19 1940 (Date rec'd by registrar) (b) Harrington Hill Registrar M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1940, at 7:45A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1930, to 11/18 1940.
and that I last saw h[illegible] alive on 11-16 1940.

Immediate cause of death Senility — Duration
Arteriosclerosis with gradual decline
Due to Age — Indefinite
Due to Loss of appetite
with Intestinal Dialysis
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wesley Cole M. D.
Address Loch Raven Blvd Date signed 11/19
(2202 Harrison Blvd)

4645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74645

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 Bryant Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Bryant Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Meyer Kandel

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years 93 Months Days If less than one day hr. min.

9. Birthplace Austria (Town, county and state)

10. Usual Occupation Filling Station owner

11. Industry or business

FATHER
12. Name Hersh Kandel
13. Birthplace Austria

MOTHER
14. Maiden Name Esther
15. Birthplace Austria

16 (a) Informant Sarah Dansicker
(b) Address 325 E. 24 St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-19-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Rest
Location Bowleys Lane

18 (a) Funeral director Jack Levin
(b) Address 1439 E Balto St

19 (a) (Date) 19 1940 (b) (Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1940 at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to Nov 18 1940 and that I last saw h[illegible] alive on Nov 18 - 40 19

Immediate cause of death

Duration

Myocarditis 6 m
Due to Chron Bronchitis
Due to Senility
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. J. Baylin
Address 2240 Eutaw Date signed 11-18-40

correct 1940

VS 3

F 74646

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

60325

F 74646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Long

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Beulah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1890

8. AGE: Years	Months	Days	If less than one day
49	10	28	hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name William
13. Birthplace Ohio

MOTHER
14. Maiden Name Ada
15. Birthplace Ohio

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 17 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Lion Cemetary
Location Landover Md

18 (a) Funeral director Mrs Baby B Williams
(b) Address 322 N Schroeder St

19 (By) (Registrar) Huntington Williams, M.D. Registrar

NOV 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16- 1940, at 4 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23- 1940, to 11-16- 1940, and that I last saw h alive on 11-16- 1940.

Immediate cause of death Bronchopneumonia — Duration ?

Due to Cardiosclerosis ? ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pronchopn

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 11-16-40 M. D.

F 74647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74647 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 446 Orchid st. Orchard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Dungee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1865

8. AGE: Years	Months	Days	If less than one day
75	9		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Samuel Bell
13. Birthplace Md.

MOTHER
14. Maiden Name Lottie Smith
15. Birthplace ? Md.

16 (a) Informant records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director John M. Dugan
(b) Address 1220 Druid Hill Ave

NOV 19 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16-1940, to 11-16-1940, and that I last saw her alive on 11-16-1940.

Immediate cause of death	Duration
Diabetic coma	?
Due to Diabetes mellitus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Jan. A-5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 11-17-40

F 74648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74618. 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City or Maryland
(b) Street address Maxim & Loudon
(c) Hospital or institution Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1326 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) Full NAME Mrs. Martha E. Arther

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Late John W. Arther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John McDonnel
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma P. (?) Jones
15. Birthplace Maryland

16 (a) Informant Mrs. William H. Triplett
(b) Address 1326 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Laney & Watts
(b) Address 4101 Edmondson Ave

19 (a) 19 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1940, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1940 to 11-16 1940, and that I last saw h alive on 11-16 1940.

Immediate cause of death — Duration

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Johnston M.D.

Address Md General Hosp Date signed 11/16/40 M. D.

VS 3

F 74649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DH

F 74649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town) WETHERSVILLE
(d) Street No. 4900 Weatherville Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C Thorn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1914

8. AGE: Years	Months	Days	If less than one day
26	4	27 26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph J Thorn
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Wilhelminia Scheible
15. Birthplace Wash. D. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location old Frederick Rd.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

NOV 19 1940 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1940, at 9 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11- 1940, to 11-17- 1940, and that I last saw h alive on 11-17- 1940.

Immediate cause of death Bronchopneumonia — Duration ?

Due to Congenital Syphilis — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances Lafaber M. D.
Address Balto City Hosp. Date signed 11-18-40

F 74650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W Marvel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sallie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1850

8. AGE: Years	Months	Days	If less than one day
89	10	24	hr. min.

9. Birthplace Seaford Del (Town, county, and state)
10. Usual Occupation none
11. Industry or business -

FATHER 12. Name William Marvel
13. Birthplace Dont Know

MOTHER 14. Maiden Name Catharine Lowe
15. Birthplace Va

16 (a) Informant Myra Ruth Marvel Allison
(b) Address 2431 N Calvert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22-40 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cemetery
Location Cambridge Md

18 (a) Funeral director Frank E Albaugh
(b) Address Cambridge Md

19 (a) NOV 19 1940 (Received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 4 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Nov. 19 1940, and that I last saw him alive on Nov. 18 1940.

Immediate cause of death	Duration
Uraemia	3 days
Due to Senile arteriosclerotic nephrosclerosis	16 mos.
Due to	
Other Conditions Cerebral arteriosclerosis (Include pregnancy within 3 months of death)	16 mos.

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L Kendig Wallace M. D.
Address 2839 Walbrook Ave Date signed Nov. 19, 1940

Sarah a Cull

F 74651

F 74651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carrollton Ave
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Bartlett Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sara a Cull

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Peter Cull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 1878

8. AGE: Years	Months	Days	If less than one day
62		29	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Martin Mannion
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Boyes
15. Birthplace Ireland

16 (a) Informant Thos Duffy
(b) Address 721 Bartlett Ave

17 (a) Burial (b) Date thereof 11-22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Chas C Sapp
(b) Address Denton, Md.

19 (a) 11-19-1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18 1940, at 8¼ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 19 40, to 11/18 1940 and that I last saw h alive on 11/18 19 40.

Immediate cause of death: Bronchopneumonia — Duration: 7 days
Due to
Due to
Other Conditions: Pernicious Anemia — 14 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Melvin Mathews M. D.
Address St Joseph Hospital Date signed 11/18/40

VS 3

F 74652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 74652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Guilford Ave. - 12-5
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Guilford Ave -
(If rural give location)
(e) If foreign born, how long in U. S. A. ----- years

3 (a) FULL NAME John B. Seidenstricker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Catherine E. Jones
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 6, 1866

8. AGE: Years	Months	Days	If less than one day
74	7	1 11	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Pennsylvania Railroad

FATHER
12. Name John B. Seidenstricker
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary H. Cragg
15. Birthplace England

16 (a) Informant Mrs. Katherine E. Gould
(b) Address 1801 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) NOV 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 at 11:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Kelpius M.D.
Medical Examiner
Date signed 11/18/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

74653 — CERTIFICATE OF DEATH — 161-e — F 74653

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME Robert Leroy Breitweiser

(a) Residence: No. Westminster Maryland St., ... Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 29, 1940

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
			19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Ft BALTIMORE
(State or country) MARYLAND

FATHER

13. NAME EARL GONDER

14. BIRTHPLACE (city or town) WESTMINSTER
(State or country) MARYLAND

MOTHER

15. MAIDEN NAME MARIE BREITWEISER

16. BIRTHPLACE (city or town) WESTMINSTER
(State or country) MARYLAND

17. INFORMANT MARIE BREITWEISER
(Address) WESTMINSTER, MD

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL NOV 18 1940

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. NOV 19 1940 Huntington Williams M.D.
Registrar.

OCCUPATION is very important. See instructions on page 2 of booklet.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOVEMBER 17 1940

22. I HEREBY CERTIFY, That I attended deceased from NOVEMBER 14, 1940 to NOVEMBER 17, 1940

I last saw him alive on NOVEMBER 17, 1940. Death is said to have occurred on the date stated above, at 12 M. (AM.-PM.)

The principal cause of death and related causes of importance were as follows:

	Date of onset
SCLEREMA	
MALNUTRITION	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Reginald Lyons M. D.

(Address) Volunteers of America Hosp

6051

74654 52792 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

Registered No. F 74654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Temple Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME willie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	widowed

6 (b) Name of husband or wife Allen(d)
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 6, 1901

8. AGE: Years	Months	Days	If less than one day
39	4	28	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name alec
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Mullin
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address ..... For H. A. Moore

19 NOV 19 1940 (b) Huntington Williams, M.D. Registrar

6055

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-1940, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5-1940 to 11-4-1940, and that I last saw h[illegible] alive on 11-4-1940.

	Duration
Immediate cause of death Cardiac failure	?
Due to A-S. Hrt Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 11-15-40

74655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-3

Registered No. 24655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Md.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Patterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 19 1940 (Date rec'd by registrar) Per H. A. Moddie Huntington Williams, M.D. Registrar

8053

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940 at 6 00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry), and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cancer of Brain

Due to

Due to

Other Conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Pelfrey M.D. Medical Examiner.
Date signed 11/15/40

74656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 ✓ Registered No. E 74656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BEATRICE BUTLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6654

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1940, at 10 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Burns, 2nd & 3rd degree, face & body — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-10-40
(c) Where did injury occur? 658 W. Mulberry St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury flame, fire, conflagration

23. Signature H. Z. W. Gilenwater M.D. Medical Examiner.
Date signed 11-18-40

74657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 74657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2259 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2259 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Kurth (F 19553 - Birth)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Rita Kurth
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 18 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) NOV 19 1940 Huntington Williams M.D. 6650

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1940 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..
(Autopsy or Inquiry)
find that said deceased came to her death on the day stated above.

Immediate cause of death Prematurity
Due to Jaundice of Newborn
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Vandegrift M.D.
Medical Examiner.
Date signed 11/14/40

74658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 74658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 S Poppleton st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 334 S. Poppleton st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARRIE E. MILES

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1859

8. AGE: Years	Months	Days	If less than one day
81	9	16	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant George D. Miles
(b) Address 334 S. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location

18 (a) Funeral director Leonard M Lugh
(b) Address 5305 Harford Rd.

19 (a) NOV 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 11-19-40

VS 6

correct age is expressed in years, months and days if less than one year and one day if less than one day

387898

74659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

Registered No. # 74659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State S Car (b) County
(c) City or town Columbia (If outside city or town limits, write RURAL and give town)
(d) Street No. 4718 James St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie M Roberson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Virgil A

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 10-7-76

8. AGE: Years	Months	Days	If less than one day
64	1	12	hr. min.

9. Birthplace N C (Town, county, and state)

10. Usual Occupation Home duties

11. Industry or business

FATHER
12. Name B S. Brown
13. Birthplace N.C.

MOTHER
14. Maiden Name Louisa B. Fulp
15. Birthplace N.C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Belews Creek Cem
Location Belews Creek N.C.

18 (a) Funeral director John A Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) Date received NOV 19 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 6 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1940, to Nov 19 1940, and that I last saw her alive on Nov 19 1940.

Immediate cause of death: Meningitis - hemolytic staphylococcus albus — Duration

Due to

Due to

Other Conditions Schuller-Christian disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carlos E. Groland, M.D.
Address Johns Hopkins Hospital Date signed 11-19

VS 3

F 74660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 W

Registered No. F 74660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 E. 32nd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 E. 32nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Albert A. Korpman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12-1863

8. AGE: Years	Months	Days	If less than one day
77	9	5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Lorenz Korpman
13. Birthplace Germany

MOTHER
14. Maiden Name Delora E. Eck
15. Birthplace Germany

16 (a) Informant Miss Edith L. Korpman
(b) Address 2045 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver Sts

18 (a) Funeral director John A. Moran
(b) Address 300 E. Balto. St.

19 (a) NOV 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940 at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940 to Nov 17 1940 and that I last saw [illegible] alive on Nov 17 1940.

Immediate cause of death	Duration
Acute Dilatation of Heart	
Mitral Insufficiency	
Due to Chronic Interstitial Nephritis	
Due to Arterio-Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert G Webster M.D.
Address 6409 Belair Rd Date signed Nov 18/40 M. D.

VS 3

F 74661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940 ✓

Registered No. F 74661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3918 Cloverhill Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3918 Cloverhill Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Patterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan - 22 - 1854

8. AGE: Years	Months	Days	If less than one day
86	9	28	hr. min.

9. Birthplace Elizabeth - New Jersey
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Cortney Patterson
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Alfred R. Bunnell Jr.
(b) Address 3918 Cloverhill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 - 1940 (month) (day) (year)
(c) Cemetery or crematory Orange
Location New Jersey

18 (a) Funeral director Maurice Cook Sykes
(b) Address 1600 W North Ave

NOV 19 1940 (b) Herrington Williams, M.D. Registrar
(Date received) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940, at 4:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to November 1940, and that I last saw h[illegible] alive on Nov. 17 1940

Immediate cause of death	Duration
Pulmonary edema	2 hours
Due to Coronary occlusion	Oct. 1940
Due to Pernicious Sclerosis generalized	Years
Other Conditions Angina Pectoris	Years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Henry M. Hansen M. D.
Address 20 E. Preston Street Date signed 11/19/40

correct age is especially important. Physicians please

HEALTH DEPARTMENT—CITY OF BALTIMORE

74662

CERTIFICATE OF DEATH

937 F 74662

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 600 Allendale St. St. 16-8 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME George Zieger

If U. S. Veteran specify WAR No

(a) Residence: No. 600 Allendale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hoffman

6. DATE OF BIRTH (month, day, year) Jan 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry L. Yost

(Address) 600 Allendale W.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date Nov. 1940

19. UNDERTAKER Ingram Cook & Syfer

(Address) 1600 N. North Ave

20. FILED 19

NOV 19 1940 Huntington Willis Registrar.

OCCUPATION is very important. See instructions on back of certificate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1940 to Nov 19, 1940

I last saw him alive on Nov 18, 1940. Death is said to have occurred on the date stated above, at 7:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Terminal Hypostatic Pneumonia	Nov 19,

Other contributory causes of importance:

Senility	?
Arteriosclerosis.	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) DeWalter Spurrier M.D.

(Address) 3603 Edmondson Ave

74663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 56-D

F 74663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: Frederick
(c) City or town: Rural-Woodsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Woodsboro
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: George Keefer

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife:

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 3 1931

8. AGE: Years: 9 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland (town, county, and state)

10. Usual Occupation: non

11. Industry or business:

FATHER
12. Name: Glenn Keefer
13. Birthplace: Md

MOTHER
14. Maiden Name: Anna Alma T. Bond
15. Birthplace: Md

16 (a) Informant: Glenn Keefer
(b) Address: Keyser Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 22, 1940 (month) (day) (year)
(c) Cemetery or crematory: Methodist
Location: Johnsville Md

18 (a) Funeral director: C O Russ & Son
(b) Address: Jonestown Md (Huntington Williamsport)

19 (a) Date received by registrar: NOV 20 1940
(b) Registrar:

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 19, 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Nov. 19, 1940, and that I last saw h Lm alive on Nov. 19, 1940.

Immediate cause of death	Duration
Respiratory Failure	
Due to Post. Operative	
Due to Cerebellar Tumor - Midline (Astrocytoma)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Probable Cerebellar Midline Tumor Dilated Ventricles
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Carlton H. Caplan, M. D.
Address: University Hospital Date signed: 11/19/40

74664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 S. Spring St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 S. Spring St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Gibbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Frank Gibbs
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1882

8. AGE: Years	Months	Days	If less than one day
58	3	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Thomas
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Frank Gibbs
(b) Address 24 S. Spring St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County, Md.

18 (a) Funeral director Mrs. L. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) NOV 20 1940 (b) Huntington-Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1940, at 8:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Stekel M.D.
Medical Examiner.
Date signed 11/18/40

Correct age is especially important

VS 6

74665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lorraine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 Mary St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MATILDA BOULDIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James Boulden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1876

8. AGE: Years 64 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace St. Marys County Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael Queen
13. Birthplace St. Mary County Md.

MOTHER
14. Maiden Name Mary Sheppard
15. Birthplace St Marys County

16 (a) Informant James Boulden
(b) Address 1136 Mary St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Fredrick Rd.

18 (a) Funeral director Mrs R. A. Elberts Daughter
(b) Address 1129 N. Caroline St

NOV 20 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 19 40, at 2 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 11-19-40

Correct age is especially important for those under one year.

VS 6

F 74666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No. F 74666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or Institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 E. Eager st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Clare R Heilker

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25 1908

8. AGE: Years	Months	Days	If less than one day
32	2	24	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Trained Nurse

11. Industry or business Special

FATHER
12. Name Clement A. Heilker
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Teresa Walter
15. Birthplace Balto Md

16 (a) Informant Teresa Heilker
(b) Address 934 E. Eager st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (a) NOV 20 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940, at 12 43 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 31 40, to 11 19 40, and that I last saw h alive on Nov 19 19 40

Immediate cause of death	Duration
Rheumatic ~~over~~ Cardia - Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Smith M. D.
Address St. Agnes Hosp. Date signed 11/19/40

F 74667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 74667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Penrose Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3519 Spaulding Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Davis

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1856

8. AGE: Years 84 | Months 5 | Days 7/3 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Galloway
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Unknown
15. Birthplace Baltimore Md

16 (a) Informant William Davis
(b) Address 3519 Spaulding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md

18 (a) Funeral director Wilson & Co
(b) Address 1217 E Pratt St

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams Asst. M.D.

NOV 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1940, to Nov 19 1940, and that I last saw h.. alive on Nov. 19. 1940

Immediate cause of death Exhaustion — Duration

Due to Arteria Sclerosis Senile degeneration Mitral heart — 2 yrs

Due to Marasmus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Beetem M. D.
Address Fort Warkington Date signed 11. 18. 40

F 74668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-V

F 74668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Everette Coppedge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie D. Coppedge
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) June 20, 1860

8. AGE: Years	Months	Days	If less than one day
80	4	29	hr. min.

9. Birthplace Lancaster County, Va. (Town, county, and state)
10. Usual Occupation Retired Assistant Engineer
11. Industry or business City Water Department

FATHER
12. Name Thomas Coppedge
13. Birthplace Lancaster County, Va.

MOTHER
14. Maiden Name Miss Callahan
15. Birthplace Lancaster County, Va.

16 (a) Informant Mrs. Nellie E. Frederick
(b) Address 1908 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director
(b) Address 1908 W. Baltimore St.

19 (a) Filed [illegible] Huntington Williams, Registrar

NOV 20 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1940, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1940, to Nov 19 1940, and that I last saw him alive on Nov. 18 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer U. Todd M. D.
Address 735 N. Fulton Ave. Date signed 11/19/40

F 74669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 74669

F 74669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 months

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
Street No. 25 South Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Timothy O'Connell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1881

8. AGE: Years	Months	Days	If less than one day
59	2	27	hr. min.

9. Birthplace Cumberland, Maine
(Town, county, and state)

10. Usual Occupation Quartermaster

11. Industry or business SS MASAYA

FATHER
12. Name Michael O'Connell
13. Birthplace Cork, Iowa

MOTHER
14. Maiden Name Elizabeth, Sullivan,
15. Birthplace Cork, Iowa

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cemetery
Location Hyattsville, Md.

18 (a) Funeral director A. Ripley Slade
(b) Address 4907 York Road

19 (a) (Date rec'd by registrar) NOV 20 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940, at 6:35AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1939 to Nov. 18, 1940, and that I last saw him alive on Nov. 18, 1940

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to Arteriosclerosis	Unk.
Due to	
Other Conditions Luetic Aortitis, Chronic interstitial nephritis (Include pregnancy within 3 months of death)	Unk.

Major findings: Of operations None

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Allston ARCHER M. D.

Address Wyman Park Drive and 31st St., Date signed 11/18/40

F 74670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 74670 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo4da

(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 415 N. Chester Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reinert KRISTENSEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-1277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1875

8. AGE: Years	Months	Days	If less than one day
65	1	16	hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Seaman - SS OAKMAR

FATHER

12. Name Chris Kristensen

13. Birthplace Norway

MOTHER

14. Maiden Name —

15. Birthplace Norway

16 (a) Informant Records-U.S.Marine Hospital,

(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/40 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hyattsville

18 (a) Funeral director A. Ludy Slade

(b) Address 4907 York Road

19 (a) Huntington Williams M.D. Registrar

(b) Date received NOV 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14, 1940 to Nov. 18, 1940, and that I last saw him alive on Nov. 18, 1940.

Immediate cause of death Paresis — Duration Unknown

Due to

Due to

Other Conditions Empyema, left; aneurysm of aorta — Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Williams M.D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/18/40

74671

F 74671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Sophia Riegel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Isaac Riegel
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Aaron Baer
13. Birthplace Russia

MOTHER
14. Maiden Name Rifka —
15. Birthplace Russia

16 (a) Informant Aaron Isaac Riegel
(b) Address 1028 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Phila. Pa.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

NOV 20 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19- 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24 1926, to Nov-19 1940, and that I last saw h[illegible] alive on Oct. 5 1940.

Immediate cause of death Hypertensive - Cardio-vascular renal disease — Duration 14y

Due to —

Due to .....

Other Conditions Coronary embolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Anthony V. Barbares M. D.
Address 371 S. Stricker St Date signed 11/20/40

F 74672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

F 74672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Lombard St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Bryant ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Siegel

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-22-40

8. AGE: Years	Months	Days	If less than one day
	1	27	hr. — min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Morton Siegel
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mollie Berdesky
15. Birthplace Balto Md

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mount Al
Location Ft. Y. Mem.

18 (a) Funeral director Jos. L. Levis Inc
(b) Address 1429 E. Mt St

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

NOV 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1940 to 11-19 1940, and that I last saw h/ alive on 11-19 1940.

Immediate cause of death Streptococcus Meningitis — Duration 36 hrs

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. W. Williams M. D.
Address Univ. Hosp. Date signed 11-19-40

F 74673

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60946 F 74673

Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Epps

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1866

8. AGE: Years	Months	Days	If less than one day
74	10	15	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Epps
13. Birthplace Va.

MOTHER
14. Maiden Name Aretta
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn

18 (a) Funeral director E. Leon O'Wilson
(b) Address 1000 N. Gay St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1940, at 12 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14- 1940 to 11-17- 1940, and that I last saw h alive on 11-17- 1940.

Immediate cause of death Cyanosis — Duration ?
Due to Hypertensive CVD — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address Balt. City Hosp. Date signed 11-19-40

NOV 20 1940

Huntington Williams, M.D.

Spec.—8-16-39—L. F. S.—100 Blks.

F 74674 HEALTH DEPARTMENT—CITY OF BALTIMORE F 74674

CERTIFICATE OF DEATH √131-a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1319 N. Carey ST. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen K Kellum

(a) RESIDENCE NO. 1319 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Kellum

6 DATE OF BIRTH (month, day, and year) April 15 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Private

9 BIRTHPLACE (city or town) (State or country) Prince George Co Md

PARENTS

10 NAME OF FATHER Charles Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lelia Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co.

14 Informant Blanche Bagsby

(Address) 1319 N. Carey St

15 Filed NOV 20 1940 19 Huntingtown Williams Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 17. 19

17 I HEREBY CERTIFY, That I attended deceased from October 6 19 40 to November 17 19 40

that I last saw her alive on November 16 19 40

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Gramme Coma —
(Interstitial Nephritis)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

11/17 19 40 (Address) 1209 Presbutman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery.

DATE OF BURIAL Nov. 20th 19 40

20 UNDERTAKER Elroy O Wilson

ADDRESS 1000 Brantley Ave

Important. See instructions on back of certificates.

F 74675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161ª F 74675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Oreta Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-70

8. AGE: Years Months Days If less than one day hr. 5 min.

9. Birthplace Baltimore Maryland
(Town, county, and State)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Jenkins
13. Birthplace South Carolina

MOTHER
14. Maiden Name Paulina Thompson
15. Birthplace North Carolina

16 (a) Informant Pauline Jenkins
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Md
18 (a) Funeral director Robert E Williams
(b) Address 1016 N Eden St

(a) (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1940, at 12 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to 19, and that I last saw her alive on Nov 18 1940

Immediate cause of death

Due to Malignant Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No lesions found

Duration
Over
1
2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Date signed 11-20-40

LASTNER

74676 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74676

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provincedot West Balto. St., Grid Hosp. Ward 16

Length of residence in city or town where death occurred: Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mitzel Lastner — If U. S. Veteran specify WAR _____

(a) Residence: No. 2046 Harlem St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edward F. Lastner

6. DATE OF BIRTH (month, day, year): Mar 16 - 1887

7. AGE — Years: 53 | Months: 9 | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: James Childs
14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER
15. MAIDEN NAME: Margaret Andrews
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Edward F. Lastner
(Address): 2046 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral Cem. Date: 11/23 19 40

19. UNDERTAKER: Chas. P. Sauerwald Son Inc
(Address): 118 W. Mt. Royal Ave

20. FILED NOV 20 1940 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-19-40

22. I HEREBY CERTIFY, That I attended deceased from Jul 7-40 19 to 11-14-40 19
I last saw her alive on 11-14 40 19 Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Renal Disease

Date of onset: June 1939

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. L. Wollenweber M. D.
Assistant Med. Examiner for E. L. Brent

(Address) 111 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

74677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-B ✓ Registered No. F 74677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 W. Monroe
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Joseph Wentz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-3942

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1916

8. AGE: Years	Months	Days	If less than one day
23	11	25	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Black & Decker

FATHER
12. Name H. Edgar Lentz
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Anna Caylk
15. Birthplace Cinn. Ohio

16 (a) Informant Mrs. Lentz
(b) Address 238 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

NOV 20 1940 (a) (Registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940, to 11-20 1940 and that I last saw him alive on 11-20 1940.

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: 1 year

Due to: Acute Nephritis — 8 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 4 N Fulton Ave Date signed Nov 20/40

Correct age is especially important. Physicians, please write plainly.

VS 3

Ferry Gingles

74678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-W

Registered No. F 74678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Dover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Dover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ferry Gingles

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1885

8. AGE: Years	Months	Days	If less than one day
55	7	16	hr. min.

9. Birthplace Gastonia, N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Charles Gingles
13. Birthplace Gastonia, N.C.

MOTHER
14. Maiden Name Lucille Wilson
15. Birthplace Gastonia, N.C.

16 (a) Informant Lucille Davis
(b) Address 11 N. Pine St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 NOV 20 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at 8:30 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Strangulated inguinal Hernia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm D Sandwith M.D. Medical Examiner.
Date signed 11/18/40

VS 6

FD 60945
74679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 74679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Newman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-1875

8. AGE: Years	Months	Days	If less than one day
65	9 0	16	hr. min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation W.P.A.
11. Industry or business

FATHER
12. Name James Newman
13. Birthplace W.Va.

MOTHER
14. Maiden Name Julia Mesh
15. Birthplace W.Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) (Signature of Registrar) (b) Registrar

NOV 20 1940
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1940 at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14- 1940 to 11-18- 1940 and that I last saw him alive on 11-18- 1940

Immediate cause of death	Duration
Cardiac failure	7
Asthenia	?
Due to	
Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-18-40

74680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

Registered No. F 74680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Decker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anton Janney

3 (b) If veteran, name war no

3 (c) Social Security Account No. 216-01-7521

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Francis Janney

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1912

8. AGE: Years	Months	Days	If less than one day
28	10	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation assemblesman

11. Industry or business Automobile

FATHER
12. Name Frederick Janney
13. Birthplace Italy

MOTHER
14. Maiden Name Louisa Janney
15. Birthplace Italy

16 (a) Informant Francis Janney
(b) Address 1210 N Deckerave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location New Cathedral

18 (a) Funeral director Frank H. Leary
(b) Address 814 W 36 St

19 NOV 20 1940 (Date rec'd by registrar) Interington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1940 to Nov. 19 1940 and that I last saw him alive on Nov. 19 1940.

Immediate cause of death Surgical shock and Anesthesia. — Duration

Due to Bronchiectasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bronchiectasis

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shepard

Address Univ. Hosp. Date signed 11-19-40 M. D.

VS 5

74681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-M

Registered No. 24681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Pr. George
(c) City or town Laurel, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. R-F-D-#2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant of Edith Peabody Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1940

8. AGE: Years	Months	Days	If less than one day
Newborn			hr. 50 min.

9. Birthplace Baltimore City, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Royal Stewart
13. Birthplace Ontario, Canada

MOTHER
14. Maiden Name Edith Peabody
15. Birthplace Marlboro, Mass.

16 (a) Informant Mrs. Edith Stewart
(b) Address R.F.D.#2, Laurel, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 20 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Harris, M.D.
(b) Address Huntingtown, Md.

19 NOV 20 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1940 at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1940 to Nov 17 1940 and that I last saw h. im alive on Nov 17 1940

Immediate cause of death: Achondroplastic dwarfism — Duration 50 Min.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louise B. Garris M. D.
Address University Hosp. Date signed 11-17-40

VS 2

6058

8-8-5-16 — 74682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

44B Registered No. 74682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Seaton St. N.W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Blunt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Sonsa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-27-75

8. AGE: Years	Months	Days	If less than one day
65	1	22 ?	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Govt.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director John J. Gannon
(b) Address 20 N. Capitol St. NE.

19 (a) NOV 20 1940 (Date rec'd by Reg'r) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940, at 3 38 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940 to Nov. 19 1940.
and that I last saw h alive on Nov. 19 1940.

Immediate cause of death	Duration
Respiratory failure	2 hrs.
Due to Cachexia	
Due to Hodgkins Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy confirmation of diagnosis.
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed Nov 20, 1940

VS 3

F 74683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 74683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Durham McCrummery Freeman
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-34

8. AGE: Years	Months	Days	If less than one day
6	4	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation School-Boy
11. Industry or business

FATHER
12. Name Maryland Freeman
13. Birthplace N. C.

MOTHER
14. Maiden Name [redacted] Durham
15. Birthplace N. C.

16 (a) Informant Rebecca Dunn
(b) Address 846 Vine St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2225 Pennsylvania Ave.

19 (a) NOV 20 1940 (Date rec'd by registrar) (b) Lumington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1940, at 4:24 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1940, to 11-17 1940, and that I last saw him alive on 11-17 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration: 1 year
Due to
Due to
Other Conditions: Mitral Stenosis, Cardiac Hypertrophy, Pericardial effusion
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.P. Rosenden M. D.
Address Provident Hospital Date signed 11-18-40

VS 3

74681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 74684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 W Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Barnes

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 9, 1886

8. AGE: Years	Months	Days	If less than one day
54	6	10	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Offic. Clerk
11. Industry or business Office

FATHER
12. Name Wm T. Barnes
13. Birthplace Balto

MOTHER
14. Maiden Name Ellen Healy
15. Birthplace Balto

16 (a) Informant Mrs Ella Worthington
(b) Address 524 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos J. E. Emig
(b) Address Edmondson Ave

19 (a) Date received (by registrar) NOV 20 1940 (b) Hunting to Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940 at 4:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial Asthma — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm H Wade Griffith M.D.
Medical Examiner.
Date signed 11/19/40

VS 6

correct age is especially important. Typewriter, pen or pencil may be used.

74685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 74685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Govans (If outside city or town limits, write RURAL and give town)
(d) Street No. Parkton R.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN W MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1877

8. AGE: Years	Months	Days	If less than one day
63	10	8	hr. min.

9. Birthplace Upperco, Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael Crowder
15. Birthplace Maryland

16 (a) Informant Thomas F. Miller
(b) Address 5210 St. Georges Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Forest Baptist Ch. Cem.
Location Balto. Co., Maryland

18 (a) Funeral director Ellen J Mae Wahl
(b) Address Frederick Rd Catonsville Md

NOV 20 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of left temporal bone	
Due to skull	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 20, 1940
(c) Where did injury occur? Piney Hill & York Rd Balt. County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury fell from truck of milk truck

23. Signature H. L. Wallenmeyer M.D. Coroner or Medical Examiner.
Date signed 11-20-40

struck concrete pavement

correct age is especially important. Preparation: please write plainly

74686

HEALTH DEPARTMENT—CITY OF BALTIMORE

74686

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 W Hamburg St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Mr & Mrs Geo E Linton

If U. S. Veteran specify WAR

(a) Residence: No. 718 W Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17/1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo E Linton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dorothy A. Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Geo E Linton

(Address) 718 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 20 1940 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED NOV 20 1940 Functioning for Williams M.D. 6039

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1940 to Nov 19, 1940

I last saw him alive on Nov 19, 1940. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxiation

Other contributory causes of importance: Congenital Debility

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. H. Campbell M. D.

11/20/40 (Address)

State CAUSES OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V. S. 3

M. D. P. 1936-9

F 74687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74687

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 N. North Ave. St. 15-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Garfield Jackson

(a) Residence: No. 2716 N. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret O'Brien Jackson

6. DATE OF BIRTH (month, day, year) June 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park Board

10. Date deceased last worked at this occupation (month and year) August 11, 1940

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Rockingham County
(State or country) West Virginia

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) H. Park
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Sarah Keiser

16. BIRTHPLACE (city or town) Rockingham County
(State or country) West Virginia

17. INFORMANT Cornelius Philips
(Address) c/o 2716 N. North Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Parkwood Cem. Date 11-23-40 19

19. UNDERTAKER Wm. J. Dickson & Sons
(Address) North & Pa. Aves

20. FILED 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1940, to November 19, 1940

I last saw him alive on November 19, 1940. Death is said to have occurred on the date stated above, at 9:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1940 (?)
Generalized Cachexia	Aug 11, 1940

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of Aug. 21/40

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip F. Lerner M. D.

(Address) 2401 N. North Ave

INFORMATION REQUIRED BY CHECK (✓) IN CERTAIN SQUARES, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 74688

OCA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55492 F 74688

48-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5602 Narcissus Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-14

3 (a) FULL NAME Naomi Price (Naomi Thumlert Price)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife George Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-19-1878

8. AGE: Years	Months	Days	If less than one day
62	1	0	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation ~~Laborer~~ None
11. Industry or business

FATHER
12. Name Peter Hepburn Thumlert
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Ida Holms
15. Birthplace Balto., Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11·19 1940, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5·19 1940, to 11·19 1940, and that I last saw her alive on 11·19 1940.

Immediate cause of death Ca. of Cervix with metastases — Duration 2 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry L. Rigdon M. D.
Address Balto. City Hosp. Date signed 11·19·40

74689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 74689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ——
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN E. REESE

3 (b) If veteran, name war ——

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
F	W	

6 (b) Name of husband ~~or wife~~ Thomas H.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3 1855

8. AGE: Years	Months	Days	If less than one day
85	8	16	hr. min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ——

FATHER
12. Name Richard Gore
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Natcamp
15. Birthplace Md.

16 (a) Informant Mrs. L. P. Townshend
(b) Address 2837 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 22, 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Lyckey & Sons
(b) Address North & Pa Aves.

19 (a) NOV 20 1940 (Date rec'd by registrar) (b) Huntington Williams, Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-1940, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ thereon and from the evidence obtained by said ~~Autopsy or Inquiry~~ find that said deceased came to death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to

Due to

Other Conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-15-40
(c) Where did injury occur? 2822 W North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury fell down cellar stairs

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11-20-40

VS 6

correct age is especially important. If uncertain, give approximate.

74690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 74690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Simpsonville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12/66

8. AGE: Years	Months	Days	If less than one day
74 78	8	8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Barnes
13. Birthplace Md

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Addie Holland
(b) Address Simpsonville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)
(c) Cemetery or crematory Allton Cem
Location Simpsonville Md

18 (a) Funeral director H C Higginbotham
(b) Address Ellicott City Md

19 (a) Date rec'd NOV 22 1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940, at 12.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 20 1940 and that I last saw h er alive on Nov 20 1940

Immediate cause of death	Duration
Postoperative Shock	
Due to Intestinal Obstruction	
Due to Carcinoma of Stomach	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed Nov 30/40

F 74691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Finksburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Pete Elmo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Grace C.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER
12. Name [illegible] Fenbrun
13. Birthplace Fenbrun

MOTHER
14. Maiden Name Fenbrun
15. Birthplace Fenbrun

16 (a) Informant Pete Elmo Jr.
(b) Address Snydersburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Finksburg
Location Finksburg, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

NOV 21 1940 (Date rec'd by registrar) (b) Interment Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1940, to 11-20 1940, and that I last saw h.. alive on 11-20 1940.

Immediate cause of death Hypertension Cardio-Vascular Renal Disease

Due to Decompensation

Other Conditions Anuria

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Longshore M. D.
Address Md. General Hosp. Date signed 11/20/40

VS 8

384457 - F 74692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) 23 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2136 Lafayette Ave
(Rural route location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Green

3 (b) If veteran, name war

3 (c) Social Security Account No. Ku

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If dead, give age 32 years

7. Birth date of deceased (mo., day, yr.) 3-6-95

8. AGE: Years	Months	Days	If less than one day
45	8	14	hr. min.

9. Birthplace Jamestown, Co
(Town, county, and state)

10. Usual Occupation Leather Worker
11. Industry or business Self

FATHER
12. Name Kennyh Pete Green
13. Birthplace Belgium

MOTHER
14. Maiden Name Kirschbaum
15. Birthplace JOHNS HOPKINS Austria

16 (a) Informant Richards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 11-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Baltimore Co Md

18 (a) Funeral director Park Lewis Inc
(b) Address 1432 E. Baltimore St

19 (a) (Signature of local registrar) (b) Nov 21 1940 Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1940 to 11-20 1940, and that I last saw him alive on 11-20 1940.

Immediate cause of death
Arteriosclerotic Heart Disease
& Coronary Occlusion — Duration ? Two years

Due to

Due to

Other conditions Bronchopneumonia Bilateral Pulmonary tuberculosis ARRESTED
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary occlusion, Left & myocardial infarction.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James R. Ayre, Jr.
Address Johns Hopkins Hospital Date signed Nov. 21, 40

74693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 74693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street & No. 1520 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Alexander Muse

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11-1864

8. AGE: Years	Months	Days	If less than one day
76	2	7	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business —

FATHER
12. Name Josiah A. B. Muse
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown O'Connor
15. Birthplace Unknown

16 (a) Informant Dr. Jos. E. Muse
(b) Address 1520 Hollins St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 20-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director Geo. L. Bayer Jr.
(b) Address 1512 Hollins St.

NOV 21 1940 (Date received by registrar) (b) Huntingtn Williams Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1940, at 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1939 to Nov. 18 1940, and that I last saw h alive on Nov. 18 1940

Immediate cause of death Carcinoma of the prostate with generalized metastasis Terminal uremia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Muse M. D.
Address St. Agnes Hosp. Date signed 11/18/40

F 74694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74694 Registered No. 131-N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2658 Edmondson Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2658 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma F. Stewart

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Francis T. Stewart
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) March 1854
8. AGE: Years 86 | Months 8 | Days | If less than one day — hr. — min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Louis W. Burns
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret McCurry
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Carroll Fairpoint
(b) Address 2703 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem'd
Location 3801 Frederick Road.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 W. Fayette St.

19 NOV 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1940 to Nov 19 1940, and that I last saw h[illegible] alive on Nov 18 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Cerebral Arterio Sclerosis & Arteriosclerosis
Due to: Arteriosclerotic Cardiovascular Renal Disease

Duration: 1 week; several years.

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Mitchell M. D.
Address 901 Edmondson Ave Date signed Nov 20 40

M. D. B. 1269-0

74695 F 74695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Belnor St. 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jesse Jones

(a) Residence: No. 528 N. Belnor St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jones

6. DATE OF BIRTH (month, day, year) May 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of the Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalefax Co. Va.

FATHER

13. NAME Dennis Jones

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jesse Jones Jr.

(Address) 1060 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Antietam Memorial Date Nov 22, 1940

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St.

NOV 21 1940 Huntington Hitchcock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-40. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1940 to Nov. 18 1940

I last saw h— alive on Nov. 17, 1940 Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Personal Knowledge	10-1-40

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George C. Bagel M. D.

(Address) 1516 N. Monroe St.

INFORMATION should be carefully supplied, and the state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 74696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 N. Ellwood Ave.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Ellwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 85 years

3 (a) FULL NAME HENRIETTA ELEANORA HIMMER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George M. Himmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25.1855

8. AGE: Years	Months	Days	If less than one day
85	4	24	hr. min.

9. Birthplace At Sea, en route to U.S.A. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - -

FATHER
12. Name Gustav Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Holland

16 (a) Informant Mrs. C. E. Renner (Daughter)
(b) Address 101 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22. 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location Baltimore Md. Ga. T. Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) Date received by Registrar NOV 21 1940 (b) Name of Registrar Timothy J. Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19. 1940 19 4.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 40 to Nov 18 40 and that I last saw h.er alive on Nov 18 1940

Immediate cause of death	Duration
(a) Senility	
Antecedent causes (b) Arteriosclerosis	
Due to (c) Diabetes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2446 E Baltimore Date signed Nov 15 1940 M. D.

F 74697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74697 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Catonsville

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County C

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 405 Kingston Rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank M. Rupp

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Pauline (Shirley)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1868

8. AGE: Years	Months	Days	If less than one day
72	4	1910	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Jewler-Bookkeeper

11. Industry or business Raymond Hughes

FATHER

12. Name Ruben Rupp

13. Birthplace Germany Pa.

MOTHER

14. Maiden Name Amelia Phillips

15. Birthplace New Orleans, La.

16 (a) Informant Morton J. Rupp

(b) Address Abington, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director H. SANDER & SON Inc.

(b) Address North Ave. & Broadway

19 (a) (Date received by registrar) (b) Registrar

NOV 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1940 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1940, to 11-19 1940, and that I last saw h(er) alive on 11-19 1940.

Immediate cause of death	Duration
Cardiac de-compensation	4 days
Due to Degen CV Dis	
Due to	
Other Conditions Dangerous Aft Fx - embolus?	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Parkes M. D.

Address Shayers Date signed 11/19

74698

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60045 F 74698

Registered No. 56-D

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-17

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Nurses Home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Lois Joyner

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1906

8. AGE: Years	Months	Days	If less than one day
34	5	11	..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Practical Nurse

11. Industry or business B.C.H.

FATHER

12. Name Willie Joyner

13. Birthplace Va.

MOTHER

14. Maiden Name Florence Matthews

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) 11/21/40 (Burial, cremation, or removal) (b) Date thereof REMOVAL (month) (day) (year)

(c) Cemetery or crematory SUFFOLK, VA.

Location

18 (a) Funeral director Charles L. Franck

(b) Address 802 Madison Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

NOV 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11·21 1940, at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10·13 1940, to 11·21 1940, and that I last saw her alive on 11·21 1940.

Immediate cause of death Meningitis ? cerebrospinal

Due to Infected fracture of left parietal bone

Due to Fracture of skull

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Craniotomy

Of autopsy

Duration: 17 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry L. Rigdon M. D.

Address Balto. City Hosp. Date signed 11-4-40

Correct age is especially important if deceased was under one year or one day

F 74699

4/065/alive -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-D Registered No.

F 74699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. [redacted] Poultney St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Poultney St (If rural give location) 23 (11 E. Poultney St.)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anna D. Schramm Deceased - 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1857

8. AGE: Years	Months	Days	If less than one day
82	11	19	— hr. — min.

9. Birthplace Rotfelden, Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Peter Schramm

13. Birthplace Germany

MOTHER 14. Maiden Name Louisa Rock

15. Birthplace Germany

16 (a) Informant Mrs. Ida Fortig (Daughter)
(b) Address 11 E. Poultney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director A. Hellwig & Sons
(b) Address 1400-02 Pennsylvania Ave.

19 (a) (Date received by registrar) NOV 21 1940 (b) Huntington, Wilmington, N. C.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20/40. 19 . at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12/40. to Nov. 20/40. and that I last saw him alive on Nov. 19/40.

Immediate cause of death	Duration
Multiple Sclerosis.	Unknown
Due to	
Due to	
Other Conditions Myocardial Asthaenia.	8 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Waldschmidt M. D.
Address 933 Hanover St. Date signed Nov. 20/40

VS 3

correct age is especially important. If unknown, please state approximate

F 74700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 46-F

Registered No. F 74700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 Battery ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Henriette Noll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife George L. Noll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1879

8. AGE: Years 61 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name — Graef
13. Birthplace Germany

MOTHER
14. Maiden Name Summers
15. Birthplace Germany

16 (a) Informant Mrs Frances Eisenfelder
(b) Address 103 W. Belvedere St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location A-A Lot

18 (a) Funeral director A. Howard Evans
(b) Address 1460 W. Lafayette St

19 (a): (Date rec'd by registrar) (b) Registrar

NOV 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18th 1940, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940, to Nov. 18 1940, and that I last saw her alive on Nov. 18 1940.

Immediate cause of death Carcinoma of liver and gall-bladder. — Duration: 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel Nash M. D.
Address 1226 Harlem St. Date signed 11/22/40

correct age if especially important, if unknown, give approximate

74701 Adalore Juel Monette X F 74701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution:
Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Garden Hills
(If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME
ADALORE JUEL MONETTE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	449-01-0920	Male	White	married

6 (b) Name of husband or wife ANNE MONETTE
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1901.

8. AGE: Years	Months	Days	If less than one day
39	#	18	# hr. # min.

9. Birthplace MANTENO, ILL.
(Town, county, and state)
10. Usual Occupation Aeroplane mechanic,
11. Industry or business Aeroplane Co.,

FATHER
12. Name OLIVER MONETTE.
13. Birthplace CANADA.

MOTHER
14. Maiden Name Clara E. BURRELL.
15. Birthplace ? ✓

16 (a) Informant MRS ANNE MONETTE
(b) Address Long Island N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11, 25, 40 (month) (day) (year)
(c) Cemetery or crematory
Location San Antonio Texas

18 (a) Funeral director Harry A. Fritzke
(b) Address 4101 Edmondson Ave

19 (a) NOV 21 1940 (Local registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1940, to Nov. 20 1940, and that I last saw him alive on Nov. 20 1940.

Immediate cause of death Paralytic ileus — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Tear
Of operations ~~Absence~~ of lgt. of 5th inf. facet to sup. facet of 1st S.
Of autopsy Paralytic ileus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Lehman Langston M. D.
Address Church Home Date signed 11-20

F 74702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 74702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Community Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0. 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Clifford St (If rural give location) unknown county or rural town
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hunter Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, ~~widowed, or divorced~~: married
6 (b) Name of husband or wife: Bessie M. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 - 1884

8. AGE: Years 56 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name J. L. Miller
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Bessie Miller
(b) Address 644 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location 5712 O'Donnell St

18 (a) Funeral director Joseph Kasmakes Inc.
(b) Address 60 E Washington St

19 (a) NOV 22 1940 (Date rec'd by registrar) Hattie [illegible] registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1940, at 10:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Chronic Myocardial Degeneration

Due to

Due to

Other Conditions Acute bronchial Congestion Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 11-20-40

VS 6

(over)

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

74703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-B

F 74703
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Westwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Zachary

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Charles H. Zachary
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) May 10, 1882

8. AGE: Years	Months	Days	If less than one day
58	6	10	hr. min.

9. Birthplace Columbia Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George E. Bowers
13. Birthplace Va

MOTHER
14. Maiden Name Mary Snyder
15. Birthplace Va

16 (a) Informant Chas. H. Zachary
(b) Address 2702 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem
Location Baltimore Md

18 (a) Funeral director Mock
(b) Address 1217 E. Paul St

19 (a) (Date rec'd by registrar) (b) Huntingtown Md

NOV 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1940, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23, 1940, to Nov. 20, 1940, and that I last saw h[illegible] alive on Nov. 20, 1940.

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to	one
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 11/20/40
Md 6370

correct age is especially important. Physicians, please write plainly.

F 74704

HEALTH DEPARTMENT—CITY OF BALTIMORE

74704

CERTIFICATE OF DEATH

V83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3019 (Street) Chesterfield Ave (Ward) 2 or 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Heilman

If U. S. Veteran specify WAR

(a) Residence: No. 3019 Chesterfield Ave St. Ward. 40 S S Number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of John N. Heilman

6. DATE OF BIRTH (month, day, year) Sept 10 - 1865

7. AGE: Years 75 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rudolph Steinmeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Amelia Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jeanette Burke

(Address) 3019 Chesterfield ave

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Western Cem Date Nov 23 40

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED . 19

NOV 22 1940 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1940 to Nov 20, 1940

I last saw her alive on Nov 20, 1940 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Congestive Heart Failure	
Cardiac Arteriosclerosis	2 mos

Other contributory causes of importance:

Arteriosclerosis

Chronic Pancreatic Congestion

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Gay M. D.

(Address) Chesterfield Ave & Bel Av

F. STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. STATE OCCUPATION in very important. See instructions on back of certificate.

3544 83 74705 — F 74705

BALTIMORE CITY HEALTH DEPARTMENT — 83-2 — Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1733 Bolton (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: William Bisson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: 516 52

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sarah C Bisson

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1-17-51

8. AGE: Years: 89 | Months: 10 | Days: 3 | If less than one day: ... hr. ... min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business:

FATHER — 12. Name: Wm Bisson
13. Birthplace: France

MOTHER — 14. Maiden Name: Martha Ingram
15. Birthplace: Va

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/22/40 (month) (day) (year)
(c) Cemetery or crematory: Lindower Md
Location: Lindower

18 (a) Funeral director: [illegible]
(b) Address: [illegible]

19 (a) NOV 22 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 20 1940, at 7:36 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1938 to Nov 20 1940, and that I last saw him alive on Nov 20 1940

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Generalized Arterio-sclerosis	3+ Years
Due to Cerebral Hemorrhage with Right Hemiplegia	16 days
Other Conditions Senility	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: James R. Gay
Address: Johns Hopkins Hosp. Date signed: 11/20/40

correct age is especially important. Physicians, please write plainly.

VS 3

F 74706

Marzulla

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 74706

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 N. Caroline St
(c) Hospital or institution: St. Joseph Hospital. 9+9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Timmis Run.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Stemmers Run Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Marzulla (Birth Cert # F09672)

3 (b) If veteran, name war no

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5th 1940

8. AGE: Years	Months	Days	If less than one day
	6	5+4	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Marzulla
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Shipley
15. Birthplace Balto Md

16 (a) Informant Elizabeth Shipley
(b) Address Stemmers Run Lane

17 (a) Burial (b) Date thereof 11/27/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location O'Donnell St & Bendel

18 (a) Funeral director J.M. Co
(b) Address 1219 E Pratt St

19 (a) NOV 29 1940 (b) Washington Hill Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19/1940, at 7 1/2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1940, to 11/19 1940, and that I last saw h alive on 11/19 1940.

Immediate cause of death SALMONELLA Septicemia

Due to

Due to

Other Conditions Lobar Pneumonia; Rt. upper lobe

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lobar Pneumonia; Rt upper lobe

Duration
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholas Martinez M. D.

Address St Joseph's Hospital Date signed 11/20/40

F 74707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 74707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 McKean Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL JOHNSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 219-01-2118

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A Johnson
6 (c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) June 1900
8. AGE: Years 40 Months 5 Days If less than one day hr. min.
9. Birthplace Turkey (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Restaurant

FATHER
12. Name John Laskonkis
13. Birthplace Turkey

MOTHER
14. Maiden Name Mehmet
15. Birthplace Turkey

16 (a) Informant Mary A Johnson
(b) Address 1012 McKean Ave.
17 (a) Burial, cremation, or removal June (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
18 (a) Funeral director Thomas Rupe
(b) Address Westminster Md
(c) Huntington Williams M.D. (b)

NOV 22 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1940 at 4a M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed 11-22-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 74708

Beecher

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 164

F 74708

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Beecher

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elmer J Beecher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 - 1916

8. AGE: Years 24 | Months 0 | Days 24 21 | If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John L Braddy
13. Birthplace Ga

MOTHER
14. Maiden Name Nancy Coleman
15. Birthplace Ga

16 (a) Informant Elmer J Beecher
(b) Address City #5 Pratt St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

NOV 22 1940

(Date received by registrar) Hunting for Williams M.D. (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1940, at 10:22 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Sodium Fluoride Poisoning — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Acute Barbiturate Intoxication

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Apparent Homicide
(b) Date of occurrence 11-18-40
(c) Where did injury occur? 1214 N. Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Mouth - Administration by Unknown

23. Signature Howard J. Claudeus M.D.
Medical Examiner.
Date signed 11-18-40

Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

F 74709

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Cathedral St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lawrason Riggs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	1	4		

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Lawrason Riggs
13. Birthplace Georgetown D. C.

MOTHER
14. Maiden Name Mary Beigler
15. Birthplace N Y

16 (a) Informant Mr Frank Riggs
(b) Address 814 Cathedral St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director J. Perkins & Son
(b) Address Orchard & McCulloh Sts

NOV 22 1940 (Date rec'd by Registrar) (Signature of Registrar) T. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21/40 ; 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940 to 11-21 1940, and that I last saw him alive on 11-21 19 40

Immediate cause of death Pulmonary edema — Duration

Due to heart failure, chronic nephritis & hypertension

Due to Exhaustion

Other Conditions pre uremic poisoning

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R H Clifford M. D.
Address U. M. H. Date signed 11-21-40

correct age is especially important, and should be given in all cases where it can be obtained.

F 74710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-BF 74710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-1-26 28
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs 1mo 26days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Cresson, Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount Aloysius Academy (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Mary Wilfrid Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: None
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Nov 6 - 1873
8. AGE: Years 67 | Months | Days 15 | If less than one day ..... hr. ..... min.
9. Birthplace Altoona, Pa (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Lawrence Matthews
13. Birthplace Penn.

MOTHER
14. Maiden Name Mary McDermott
15. Birthplace Ireland

16 (a) Informant Records - Mt. Hope Retreat
(b) Address 6420 Reisterstown Rd. - City
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory
Location Cresson, Penna.
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE
19 (a) (Filed in this office) NOV 22 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1940, at 8:50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1928, to Nov 21 1940, and that I last saw Sr. alive on Nov 21 1940.

	Duration
Immediate cause of death: Left Cerebral Thrombosis	3 days
Due to: Vegetative Endocarditis of Mitral Cresson Valve	12 yrs
Due to:	
Other Conditions: Paranoid psychosis (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dominick P. Gloyna M. D.
Address 336 Fidelity Bldg. Designed

correct age is especially important. Physicians, please write plainly.

F 74711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Ellamont Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Ellamont Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Margaret Ann Rill

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife late Daniel W Rill
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2-1864

8. AGE: Years	Months	Days	If less than one day
76	10	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles E. Rictor
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Bradford
15. Birthplace Md

16 (a) Informant Mrs. E. P. Younger.
(b) Address 3707 Ellamont Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo. E. Beyer Jr.
(b) Address 1512 Hollins St

19 (a) NOV 22 1940 (Date received by Registrar) (b) Huntington Hillegeist Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940 at 4 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1931 to Nov 19 1940 and that I last saw h alive on Nov 19 1940.

Immediate cause of death Cerebral Hemorrhage. — Duration 1 day.
Due to Diabetes, Arterio-Sclerosis & Hypertension. — Duration 5 yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 8 Hall 36 Rd. Date signed 11/22/40

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 74712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Chatham St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Chatham St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Lee Bacon.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-2598

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married.

6 (b) Name of husband or wife Odessa Bacon.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 26 1906

8. AGE: Years	Months	Days	If less than one day
33 34	11	24	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name Patrick Bacon

13. Birthplace Va

MOTHER 14. Maiden Name Sallie Haines.

15. Birthplace Va

16 (a) Informant Odessa Bacon.

(b) Address 1210 Chatham St.

17 (a) Disposition (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)

(c) Cemetery or crematory

Location Druid Branch Va.

18 (a) Funeral director Robert L. Young

(b) Address 804 N. Carlton St

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1940, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1940 to 11-20 1940, and that I last saw h alive on 11-20 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 5 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. R. McClaugherty M. D.
Address 2222 E. Caroline St (Physician signed)

Correct age is especially important. If physician, please write the cause of death clearly and legibly.

74713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 74713

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood St & Linden Ave

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Perryman

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs M. Alice Johnson MARY ALICE JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Oscar M. Johnson

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 22 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	2	28		

9. Birthplace Perryman, Harford, Md (Town, county and state)

10. Usual Occupation H.W.

11. Industry or business

MOTHER / FATHER

12. Name Webster Palmer

13. Birthplace Maryland

14. Maiden Name Robbie Numbers

15. Birthplace Maryland

16 (a) Informant Oscar M. Johnson

(b) Address Perryman Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1940 (month) (day) (year)

(c) Cemetery or crematory Sanitia Cem.

Location Perryman Md

18 (a) Funeral director Henry Harding & Son

Address Aberdeen, Md

19 (a) 23 19 40 (Date received by registrar) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1940, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1940, to Nov 20 1940, and that I last saw h[illegible] alive on Nov 20 1940.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Cholecystitis, Diverticulitis of Colon

Of autopsy Jejunem

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William P. Thompson M.D.

Address Md. General Hosp. Date signed 11/22/40

correct also especially importance. Physicians: please write the cause of death clearly and legibly.

VS 3

74714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-W F 74714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balto, Md 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Ellicott City Md
(Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business Caplan's meat mkt

FATHER 12. Name Clem Hall
13. Birthplace Md

MOTHER 14. Maiden Name Mattie Poole
15. Birthplace Md

16 (a) Informant William Hall
(b) Address 1026 N. Carey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Westport Md

18 (a) Funeral director A. Douglas Halstead
(b) Address 18 Druid Hill Ave.

NOV 23 1940

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1940, at 5 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25-40 19..., to 11-19-40 19..., and that I last saw him alive on 11-18-40 19...

Immediate cause of death	Duration
Acute Myeloid Leukemia	2 Months
Secondary Anemia, Severe	2 Months
Due to	
Due to	
Other Conditions Peptic ulcer, prepylonic ulcer of Penis, non-specific	1 Month

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Z. Brooks M. D.
Address Maryland Hospital Date signed Nov 20

VS 8

corrected page is especially important. Physicians: please write the cause of death clearly and legibly.

F 74715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

Registered No. F 74715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Argyle ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Lynchburg Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W.P.A.

FATHER
12. Name Lee Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Sophie ?
15. Birthplace Va

16 (a) Informant Hudson Brown
(b) Address 748½ Saratoga st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 David Hill ave.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

NOV 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19th 1940, at 6.35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13-40 19..., to 11-19-40 19..., and that I last saw him alive on 11-19-40 19....

Immediate cause of death	Duration
Anuria and Uremia	2 days
Due to ?	
Right Sided Cardiac Failure	3 weeks
Etiology Undetermined	
Cardiac Enlargement	3 years
Other Conditions CPC of Liver and Lungs	3 weeks
Dependent Edema	
Syphilis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac Hypertrophy + Dilatation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Bowers M.D.
Address University Hospital Date signed Nov. 20

Please write clearly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 74716 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6711 Old Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Wainwright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			6 hrs min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Wainwright
13. Birthplace Md

MOTHER
14. Maiden Name Mamie Brownell
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director John Uffelfinger
(b) Address 2002 Eutaw St

Nov 22 1940 (Date received by Registrar) (b) Huntington Woods Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940, at 730 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death
Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Warner M. D.
Address Baltimore Date signed 11/21/40

F 74717 .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74717 .

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Henry Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10. 1864

8. AGE: Years	Months	Days	If less than one day
76	3	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER
12. Name Henry Mitchell
13. Birthplace Ireland

MOTHER
14. Maiden Name Charlotte Douglas
15. Birthplace Scotland

16 (a) Informant Mrs Gertrude Mitchell
(b) Address 526 N Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans

19 (a) NOV 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19, 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17/1940 to 11/19/1940 and that I last saw h[illegible] alive on 11/19/1940.

Immediate cause of death Uremia — Duration Last

Due to Chronic Urinary Retention — ?

Due to Benign Prostatic Hypertrophy — ?

Other Conditions Arteriosclerotic C-V disease — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Lewis M. D.
Address Sol. Gen. Hosp. Date signed 11-19-40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 74718

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Greene Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 22 days

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1411 Longwood Sts (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

167

3 (a) FULL NAME: James Franklin Marlow

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	married

6 (b) Name of husband or wife: Katherine Marlow

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 18, 1899

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	6	2		

9. Birthplace: Highland Md. (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business: —

FATHER

12. Name: Wm H Marlow

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Estelle Nichols

15. Birthplace: Maryland.

16 (a) Informant: Katherine Marlow

(b) Address: 1411 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-40 (month) (day) (year)

(c) Cemetery or crematory: St. Marks.

Location: Highland, Md.

18 (a) Funeral director: F. C. Higinbothom Jr

(b) Address: Ellicott City Md.

19 (a) ..... (b) Huntington Williams, M.D.

NOV 22 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20 1940, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30 1940 to Nov 20 1940, and that I last saw him alive on Nov. 20 1940.

Immediate cause of death: Chronic Nephritis

Uremia

Duration: 4 yrs.

Due to:

Due to:

Other Conditions: Hydrothorax

Ascites.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: James B. Nuthall M. D.

Address: University Hospital Date signed: 11/20/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

74719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 74719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Edmondson Ave.
(c) Hospital or institution At home

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert William Magary

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella L. Magary
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1865

8. AGE: Years	Months	Days	If less than one day
75	10	28	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Ret. Beef Butcher
11. Industry or business

FATHER
12. Name Alex Magary
13. Birthplace Ireland

MOTHER
14. Maiden Name Florida Shipley
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Ella Magary
(b) Address 2509 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Albert S. Gable
(b) Address 2700 Edmondson Ave

19 (a) Nov 20 1940 (Signature of registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1938 to Nov 20 1940, and that I last saw alive on Nov 16 1940.

Immediate cause of death	Duration
Angina Pectoris	
Due to Artero-sclerosis	
Due to Mitral regurgitation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1606 Hollins St. Date signed Nov 21 1940

correct and especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—12-9-25—A Co.—200 Bks.

4720

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74720

CERTIFICATE OF DEATH.

93-D

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4000 Woodhaven Ave 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Hamburger

(a) RESIDENCE NO. 4000 Woodhaven Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., if of foreign birth? 75 yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mina Hamburger

6 DATE OF BIRTH (month, day, and year): March 8th 1852

7 AGE: Years 88 | Months 8 | Days 12 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Germany

PARENTS

10 NAME OF FATHER: Moritz Hamburger

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Germany

12 MAIDEN NAME OF MOTHER: Emkemann

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany

14 Informant: Son - S. Hamburger

(Address) 4000 Woodhaven Ave

15 Filed: NOV 22 1940

Hunting ... Williams ... Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 20th 1940

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Nov 20, 1940

that I last saw h.. alive on Nov 19th, 1940

and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Richmond, M. D.

19 (Address) 325 E. Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~: Hebrew Friendship Cem.

Date of Burial: 11/22/1940

20 UNDERTAKER: David Sonnheim & Son

ADDRESS: 1702 Eutaw Place

74721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 74721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Pamhatten ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Pamhatten ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Nara B. Cohen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Nathan Abronowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Abronowitz
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory Beth Tefiloh
Location Pimlico Rd & Park Heights Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St

NOV 22 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21-1940 at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1940 to 11-21 1940, and that I last saw h[illegible] alive on 11-21 1940

Immediate cause of death: Broncho-pneumonia — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. Emanuel Kunz M.D.
Address 2037 Park Ave Date signed 11/21/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 74722

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 1010 N. Washington Ave. Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Washington Ave. Baltimore, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Ruth Blakely Roesch.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Roesch

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1916

8. AGE: Years 24 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business Own Home

FATHER
12. Name Clarence Howard Seidenstricker

13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Kerr

15. Birthplace Baltimore, Md.

16 (a) Informant John P. Roesch.
(b) Address 1010 N. Washington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Maryland Park Cemetery
Location Taylor Ave

18 (a) Funeral director Howard N. Blight Jr.
(b) 11 22 1940 4914 Belair Road
(Date rec'd by registrar) Huntington Williams, Mgr.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940, at 6 1/2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1940, to Nov 21 1940, and that I last saw her alive on Nov. 21 1940.

	Duration
Immediate cause of death: Uremia	
Due to: Chronic Glom. Nephritis	1 yrs ??
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. L. Rammouz M. D.

Address 4 mark Hopkins Date signed 11-24-40

correct address especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

74723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. E 74723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 S. CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 S. CLINTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2610

3 (a) FULL NAME JOHN N. HOFFMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife BARBARA HOFFMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 11 1877

8. AGE: Years	Months	Days	If less than one day
63	4	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name JOHN W. HOFFMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name MADELINE HOFFING
15. Birthplace GERMANY

16 (a) Informant DAUGHTER
(b) Address 103 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 23/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Tilly & Zaleski Inc.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Hunterston Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 19 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1940 to 11-19-1940, and that I last saw him alive on 11-19-1940

Immediate cause of death cardiac decompensation - total valvular disease of heart — Duration Several months.
Due to General arteriosclerosis with hypertension + diabetes — Duration 4 years.
Due to Stellate ganglia.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. Emanuel M. D.
Address Medical Arts Bldg. Date signed 11-21-40

correct all items especially important. Physicians: please write the causes of death clearly and legibly.

74724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-N F 74724 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 S. CHESTER ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 S. CHESTER ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MILDRED SPINDLER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN SPINDLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 30 1914

8. AGE: Years	Months	Days	If less than one day
26	4	18	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name William Ey[illegible]
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name FANNIE SCHIEFER
15. Birthplace BALTIMORE MD.

16 (a) Informant JOHN SPINDLER (HUS.)
(b) Address 527 S. CHESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 22/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 22 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 18 1940, at 0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to Nov 18 1940, and that I last saw h[illegible] alive on Nov 17 1940.

Immediate cause of death: Carcinoma of st. ovary
Obstruction of transverse colon
Duration: 1 mo.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings: Mar 1940 Of operations Carcinoma of ovary & metastasis in mesentery
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 21 S. Patterson Pk. Date signed 11/19/40

F 74725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 74725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Thomas Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DOLORES DERRENBERGER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19/1912

8. AGE: Years	Months	Days	If less than one day
28	9 10	0	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Charles B. Engle
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Wachter
15. Birthplace Balto Md.

16 (a) Informant John Derrenberger. (Hus)
(b) Address 1828 Thomas Ave.

17 (a) Burial (b) Date thereof Nov. 23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

NOV 22 1940

18 (a) Undertaker or director Lilly & Zeiler INC.
(b) Address 403 Swolfe St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940 at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Adenocarcinoma of uterus — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-20-40

VS 6

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. B 74726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.
(c) Hospital or institution:
MELROSE NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 S. Clinton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Hoffmann

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4-1858

8. AGE: Years	Months	Days	If less than one day
81	11	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business At Home

FATHER
12. Name John W. Hoffmann
13. Birthplace Germany

MOTHER
14. Maiden Name MADELINE HOFFING.
15. Birthplace Germany

16 (a) Informant Mary Sullivan (Niece)
(b) Address 107 S. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23-40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location German Hill ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. Wolfe Huntington for Williams, M.D.

19 (a) (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Nov 19 1940 and that I last saw h E. alive on Nov 19 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	5 days
Due to Hypertension	20 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wheaton M. D.
Address 4309 Hk Rd Date signed 11/24/40

correct age ... specially important. Physicians: please write the causes of death clearly and legibly.

F 74727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89

Registered No. F 74727

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Md. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 718 N. Gaurd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby John Braganza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife X

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Pre. Hos Ch.

11. Industry or business

FATHER

12. Name Jos Braganza

13. Birthplace N.C.

MOTHER

14. Maiden Name Kline Merson

15. Birthplace Md

16 (a) Informant Hospital Rec.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11, 23, 40 (month) (day) (year)

(c) Cemetery or crematory Laurel

Location

18 (a) Funeral director Lloyd Kaney

(b) Address Laurel Md

19 (a) NOV 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1940, at 1030 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1940 to 11-21 1940 and that I last saw h alive on 11-21 1940.

Immediate cause of death Meningitis

Due to Mastoiditis

Due to Otitis Media

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Rood Bienpont M. D.

Address Md. General Hosp Date signed 11-22-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 74728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 74728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Greensboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Cecelia Hobbs

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Burt Hobbs.

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) — — 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Greensboro, Caroline Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Koumoupis
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Kalopilis
15. Birthplace Germany

16 (a) Informant Burt Hobbs
(b) Address Greensboro Md.

17 (a) Removal-Burial (b) Date thereof Nov. 22 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greensboro
Location Greensboro Md.

18 (a) Funeral director Raymond B Rawlings
(b) Address Greensboro Md.

19 (a) 11-22-1940 (b) Huntington Williams, M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1940, at 6:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1940 to 11/22 1940 and that I last saw her alive on 11/22 1940.

Immediate cause of death	Duration
Cerebral Embolism	3 days
Due to Mural Thrombi	years
Auricular fibrillation	years
Due to Essential Hypertension	years
Other Conditions Emboli to lung, extremities & abdominal viscera	25 Days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B Nuttall M. D.
Address University Hospital Date signed 11-22-40

VS 3

Please write clearly with pen and ink. Use blue or black ink. Do not use pencil. If certificate is incorrect in any particular, do not alter or erase, but draw a line through the incorrect statement and add the correct statement. Physicians: please write the causes of death clearly and legibly. Each certificate, is especially important.

74729 61085 sD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W ✓ F 74729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Wheeler Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 yrs. years

3 (a) FULL NAME August Jacobs OR JACOB

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1863

8. AGE: Years	Months	Days	If less than one day
77	4	11	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Jacobs
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Mihm
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location old Frederick Rd.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) Nov 19 40 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/40 19 40, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/19 1940 to 11/20 1940, and that I last saw him alive on 11/20 1940.

Immediate cause of death Arteriosclerotic heart disease — Duration 3 yrs
Cardiac failure — 3 days
Due to pulmonary edema — 1 day
Due to Fracture surgical neck left humerus — 3 days
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/19/40
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 11/20/40

H. L. Williams M.D. Asst Medical Examiner

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Nov 23 1940

F 74730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-a F 74730

Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arnold Hitch

3 (b) If veteran, name war	3 (c) Social Security Account No. 217-01-8783

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Emily L. Hitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13-1902

8. AGE: Years	Months	Days	If less than one day
37 88	11	7	hr. min.

9. Birthplace Salisbury Md. (Town, county, and state)
10. Usual Occupation Hospital Board Operator
11. Industry or business Printing Clerk

FATHER
12. Name Geo. Hitch
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace " " "

16 (a) Informant Emily Louise Hitch
(b) Address 1009 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Veazey & Eastern Ave. Balto Md.

18 (a) Funeral director Sarah M. Chamberlain
(b) Address 838 W. Fairmount Ave.

19 (a) NOV 22 1940 (b) Interior Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1940, to 11-20 1940, and that I last saw h im alive on 11-20 1940.

Immediate cause of death Cardio - renal disease — Duration 2 mos.
Due to Malignant Hypertension — 4 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W P Macpherson M. D.
Address President Hospital Date signed 11-20-40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 74731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 74731

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 835 N. Gilmor St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 835 N. Gilmor St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Hawkins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife Edmond Hawkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1860

8. AGE: Years	Months	Days	If less than one day
80	4	16	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Washington Cooke

13. Birthplace Md.

MOTHER

14. Maiden Name Martha ?

15. Birthplace Md.

16 (a) Informant Otis Gray

(b) Address 835 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)

(c) Cemetery or crematory Antietam

Location

18 (a) Funeral director Saml. McChase & Son

(b) Address 638 N. Gilmor St.

19 NOV 22 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940. at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940. to Nov 20 1940. and that I last saw him alive on Nov 19 1940.

Immediate cause of death Chr. Interstitial Nephritis

Duration
?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. [illegible]

Address 1126 Druid Hill Ave. Date signed 11-22-40 M. D.

PLEASE WRITE PLAINLY, with ink, and fill in all blanks. Be sure and give correct age in each case. It is especially important. Physicians: please write the causes of death clearly and legibly.

F 74732

F 74732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1909 E. Pratt St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1909 E Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Hirnstein

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 214-03-4054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 17 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	6	3		

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Hirnstein

13. Birthplace Balto

MOTHER 14. Maiden Name Barbara Krebel

15. Birthplace Balto

16 (a) Informant Florence Hirnstein

(b) Address 1909 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Mark H. C. Dippel

(b) Address 27 S. Eutaw St

(c) NOV. 22 1940 Attending for Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940 at 10 50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Nov. 20 1940 and that I last saw h alive on Nov. 19 1940.

Immediate cause of death	Duration
Acute Myocardial Dilatation	about 1 day
Due to Chr. Bronchial Asthma & Chr. Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac H. Jenkins

Address 2002 E. Pratt St Date signed 11-20-40 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1-a F 74733 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered. Any error or omission will delay correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 Cookesie St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Cookesie St.
(If rural give location)
24
(e) If foreign born, how long in U. S. A.? 36 yrs. years

3 (a) FULL NAME Mary Staffa

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Staffa

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 6, 1876

8. AGE: Years 64 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace Hungaria (town, county, and state)

10. Usual Occupation Baker (Retired)

11. Industry or business

FATHER
12. Name Paul Staffa
13. Birthplace Hungaria

MOTHER
14. Maiden Name Barbara Switzer
15. Birthplace Hungaria

16 (a) Informant Mrs. Anna Staffa
(b) Address 1421 Cookesie St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross a.a.
Location Brooklyn a.a. Co. Md.

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light St.

NOV 22 1940 (b) Huntingtown Calvert Co. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18/1936 to 11/21/1940, and that I last saw him alive on 11/21/1940.

Immediate cause of death: Hypertensive cardio vascular renal disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weibel M.D.
Address 1226 Hanover St. Date signed 11/22/1940.

VS 3

74734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74734 a Registered No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 175 N. Pearl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 175 N. Pearl — (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aggie Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1890

8. AGE: Years	Months	Days	If less than one day
50	9	19	hr. min.

9. Birthplace Dennettsville So S. C. (Town, county, and state)

10. Usual Occupation Housework —

11. Industry or business

FATHER
12. Name Prince Rogers
13. Birthplace Dennettsville S. C.

MOTHER
14. Maiden Name Katie Brunson
15. Birthplace Dennettsville S. C.

16 (a) Informant Margaret Rogers
(b) Address 175 N Pearl

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
Address 322 N Schroeder St.

19 (a) Embalmed by registered embalmer Washington Williams

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH on or 17 1940, at 0 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 1940 to 11/17 1940
and that I last saw h alive on 11/17 1940

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 7 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 1VV W Lee Date signed 11/22/40 M. D.

F 74735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 74735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Echodale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Echodale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Mary E Coulter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife William M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-1863

8. AGE: Years	Months	Days	If less than one day
76	11	19	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER 12. Name
13. Birthplace Va

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant William Coulter
(b) Address 3010 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edward Hauch
(b) Address 5305 Harford Rd.

19 (a) NOV 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Nov 20 1940 and that I last saw h alive on Nov 20 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to
Due to
Other Conditions Chronic Myocarditis 10 Yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operation Appendicitis
Of autopsy July 1940 ms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?
(e) Means of injury

23. Signature R. R. Crosby M. D.
Address 5706 Harford Rd Date signed 11-21-40

VS 3

Please write clearly and correct age if especially important. Physicians: please write the causes of death clearly and legibly.

F 74736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 74736 Registered No.

PLEASE PRINT PLAINLY, WITH PENCIL OR PEN. Entries must be made on this certificate but not on any copy. Do not abbreviate. Write out full name of street, city, or town, and state. Physicians: please write the causes of death clearly and legibly. Please answer correctly and especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 W. Lite Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 W Lite Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Miller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Florence E Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1883

8. AGE: Years	Months	Days	If less than one day
57	8	11	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Internal Revenue
11. Industry or business USG

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Florence E Miller
(b) Address 2816 W Lite Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Rauch
(b) Address 5305 Harford Rd

19 (a) 11-23-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 3.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-4-1940, to Nov-20 1940, and that I last saw him alive on Nov-3-1940

Immediate cause of death Coronary Thrombosis - (Duration)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brooke Boyle, M. D.
Address 5309 Harford Rd Date signed 11-22-40

VS 8

74737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No. E 74737

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Regester St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N Regester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Lewis Wylie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	col-	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1940

8. AGE: Years	Months	Days	If less than one day
	2	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Nelson Wylie
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Eunice Cunneen
15. Birthplace S. Carolina

16 (a) Informant Nelson Wylie
(b) Address 422 N. Regester St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 22 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto.

18 (a) Funeral director Walter B. Spicer
(b) Address 139 W. Hamburg St.

19 NOV 22 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21. 1940 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Status thymicolymphaticus

Due to THYMICOLYMPHATICUS

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
—

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature William G. Seifried M.D. Medical Examiner.

Date signed 11/21/40

VS 6

74738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 74738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 38 S. Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Decker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anton Bauersachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1869

8. AGE: Years	Months	Days	If less than one day
71	10	14	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker.
11. Industry or business

FATHER
12. Name F. Joseph Bauersachs
13. Birthplace Germany

MOTHER
14. Maiden Name Tezesa Dielmann
15. Birthplace Germany

16 (a) Informant Mary Bauersachs
(b) Address 38 S. Decker Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rood.
Location Belair Rd.

18 (a) Funeral director Chas. A. Braun
(b) Address 3006 E. Baltimore St.

19 (a) NOV 29 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940 at 1040 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13th 1940, to Nov 20th 1940 and that I last saw h[im] alive on Nov 20th 1940.

Immediate cause of death Cerebral Hemorrhage

Duration 6 days

Due to Arteriosclerosis ?

Due to Hypertension ?

Other Conditions Diabetes ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lankenau M.D.
Address 119 N. Milton Ave Date signed 11/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Where unknown, so state. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No. F 74739

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Allendale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 YRS
(e) Length of stay in Baltimore (yrs., mos., or days) 52 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Allendale Road (If rural give location)
(e) If foreign born, how long in U. S. A. (LIFE) years

3. (a) FULL NAME SUSANNA BEARNS HELLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Ruben S. Heller
6 (c) If alive, give age 95 years

7. Birth date of deceased (mo., day, yr.) MAY 29, 1845

8. AGE: Years 95 | Months 45 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace QUAKERTOWN, PENNSYLVANIA (Town, county, and state)

10. Usual Occupation HOUSEWIFE (RETIRED)

11. Industry or business —

FATHER
12. Name FREDERICK BEARNS
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET NICHOLAS
15. Birthplace GERMANY

16 (a) Informant MRS. EDWIN M. ARTHUR (DAUGHTER)
(b) Address 2605 ALLENDALE ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/23/1940 (month) (day) (year)
(c) Cemetery or crematory WESTERN CEMETERY
Location EDMONDSON AVE., BALTIMORE, MD.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) Filed NOV 22 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1940 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Nov 20 1940 and that I last saw h[er] alive on Nov 18 1940.

Immediate cause of death Cerebral Hemorrhage and paralysis — Duration Nov 15/40

Due to Arterio-sclerosis & hypertension — ? about 6 mo.

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Brooks Bradley M. D.
Address 2209 Harrison Date signed Nov 21/40

VS 3

74740

SizeMore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-A Registered No. 74740

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Community Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Ilchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. Theatre
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Segemore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-40

8. AGE: Years	Months	Days	If less than one day hr.	min.
		1		

9. Birthplace Ilchester Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Robert Segemore

13. Birthplace Pineville, Kentucky

MOTHER 14. Maiden Name Martha Bloom

15. Birthplace Howard Co. Maryland

16 (a) Informant Robert Segemore

(b) Address Ilchester Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23/40 (month) (day) (year)

(c) Cemetery or crematory Poplar Grove Cem. Location Poplar Springs Md.

18 (a) Funeral director Easton Ford

(b) Address Elkridge

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21-40 19 , at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20-40 to 11-21 19 40, and that I last saw him alive on 11-21 19 40.

Immediate cause of death Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.

Address Community Hosp. Date signed 11-24-40

VS 8

F 74741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B

Registered No. F 74741

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Emp. of Maryland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Dunloggin Farm (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mildred Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harvey Baker

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): 4/28/13

8. AGE: Years 27 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace: Detroit, Virginia (Town, county, and state)

10. Usual Occupation: house wife

11. Industry or business

FATHER
12. Name: Arthur G. Jett.
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Rosa Lichliter
15. Birthplace: Virginia

16 (a) Informant: Harvey G. Baker
(b) Address: Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory: Meadowridge Cem
Location: Elkridge Md.

18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City

19 (a) (Date rec'd by registrar) (b) Huntington Willis registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1940 to 11/19 1940, and that I last saw h alive on 11/19 1940.

Immediate cause of death: Right pulmonary infarction

Due to: pulmonary embolism

Due to: post operative

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: intestinal and hernia & obstruction
Of autopsy: —

Duration: 7 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Gray M. D.
Address 1014 St Paul St. Date signed 11-19-40

F 74742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

F 74742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Gay Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Dewey HOLDER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 30, 1898

8. AGE: Years	Months	Days	If less than one day
41	10 11	22	hr. min.

9. Birthplace Dorchester County, Maryland.
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Otis Holder
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden Name Nettie M. Wheatley
15. Birthplace Dorchester County, Md.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 11/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Cambridge, Maryland

18 (a) Funeral director K. R. Thomas
(b) Address Cambridge, Maryland

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1940, at 2:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14, 1940, to Nov. 22, 1940, and that I last saw him alive on Nov. 22, 1940.

Immediate cause of death	Duration
Malignant hypertension	6 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address U.S. Marine Hospital Date signed 11/22/40
Baltimore, Md.

VS 3

F 74743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. F 74743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Dukeland
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. McElderry Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Schmitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	married

6 (b) Name of husband or wife Mrs. Ellen Schmitz
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Chas Schmitz
13. Birthplace unk

MOTHER
14. Maiden Name Mary
15. Birthplace Unknown

16 (a) Informant Mrs. Emma Schmitz
(b) Address 817 N. McElderry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Md.

18 (a) Funeral director Philip Sterling Sons
(b) Address 2024 Eastern Ave

NOV 22 1940 (b) Huntingtown Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1940 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17/1940 to 11/20/1940 and that I last saw h[illegible] alive on 11/19 1940.

Immediate cause of death	Duration
a Acute lobular pneumonia	1 wk.
Due to Fractured femur, right	1 mon.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above if performed, or suspected.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Auto injury
(b) Date of occurrence 10/19/40
(c) Where did injury occur? Baltimore Md. See E. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Struck by auto while walking in crosswalk & sustained fractured femur

23. Signature L. E. Blumenthal
Address W. B. G. H. Date signed 11/20/40 M. D.

Howard J. Madden M. D.

74744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 74744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1914 E. Fayette st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs. 6 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1914 E. Fayette st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Evans

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Wm R. Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 - 1871

8. AGE: Years 69 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name Joseph Hugel

13. Birthplace Unknown

MOTHER 14. Maiden Name Margaret Johnson

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Jas. L. Nelson

(b) Address 12 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Philip Herrigs Sons

(b) Address 2024 Orleans st

19 (a) [illegible] (b) Huntington Williams M.D.

NOV 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Nov. 19 1940, and that I last saw h[illegible] alive on Nov. 19 1940.

Immediate cause of death Toxic Absorption — Duration —

Due to Carcinoma of Cervix — Duration 2 yrs.

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Michael J. Dowdy M. D.

Address 1538 E. Baltimore St. Date signed 11-22-40

F 74745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 74745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Glen Arm, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Horton Hoge

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Edward Hoge
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 15 1860

8. AGE: Years	Months	Days	If less than one day
90	8	6	hr. min.

9. Birthplace Steubenville, Ohio (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Horton
13. Birthplace Steubenville, Ohio.

MOTHER
14. Maiden Name Caroline Wells
15. Birthplace Steubenville, Ohio

16 (a) Informant Mrs. Harry E. Kerr-Daughter
(b) Address Glen Arm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral ~~Director~~ STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1940, at 12 midnight

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3, 1940, to Nov. 21, 1940, and that I last saw her alive on Nov. 21, 1940.

Immediate cause of death Cardiac Insufficiency — Duration
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions Otitis Media
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 11/22/40 M. D.

Hunting for Williams, M.D.

F 74746

F 74746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 33 Guilford Av

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Geneva City (If outside city or town limits, write RURAL and give town)

(d) Street No. 3405 Sherwood (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Miss Jessie Reeves Bowes

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April-11-1888

8. AGE: Years 52 | Months 7 | Days 10 | If less than one day: hr. ..... min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Joseph Bowes

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Jennie Warnock

MOTHER 15. Birthplace Ireland

16 (a) Informant Miss Jessie Bowes

(b) Address Geneva City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location New York City

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address [illegible]

19 (a) (Date of [illegible]) (b) Registrar Huntington Williams, M.D. Registrar

NOV 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 11:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov. 21 1940, and that I last saw h[illegible] alive on Nov. 21 1940.

Immediate cause of death: Cerebro-vascular accident — Duration: over

Due to: Hypertension arteriosclerosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Henry Waller Brown M. D.

Address Union Memorial Hospital Date signed Nov 22, 1940

74747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 74747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos. 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Relto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 169 W Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Bolling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Brown	Sep.

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1874

8. AGE: Years	Months	Days	If less than one day
66 ~~65~~	6	19	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Brice Bolling
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd. Balto. Md.

18 (a) Funeral director John Fahey & Sons
(b) Address 1318 Light St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

NOV 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-40 19 , at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28 1939 to 11-16 1940, and that I last saw him alive on 11-16 1940

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-22-40

74748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370 Registered No. F 74748

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days) F

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 258 S. London Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Herche

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife [redacted] Herche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-61

8. AGE: Years	Months	Days	If less than one day
79	1	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Operator Motorman
11. Industry or business Balto Transit

FATHER
12. Name John Herche
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Margaret ?
15. Birthplace Germany

16 (a) Informant Charles A. Herche
(b) Address Ellicott City,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Fred Finch & Co.
(b) Address 120 W Lombard St

NOV 22 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1940, to 11-20 1940, and that I last saw h[redacted] alive on 11-20 1940.

Immediate cause of death Hypostatic Pneumonia
Chronic myocarditis
Due to Senility
Prostatectomy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Hypertrophied prostate gland
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 11-20-40

Dr Virgilio 7001 Mornington Rd Dundalk 444

Sick Friday to

F 74749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. F 74749

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Greene St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Greene St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Grace Cascio

3 (b) If veteran, name war —— No

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Salvatore Cascio
6 (c) If alive, give age —— years
7. Birth date of deceased (mo., day, yr.) Mar 14th 1865
8. AGE: Years 75 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Salvatore Liberto
13. Birthplace Italy

MOTHER
14. Maiden Name Salvatora Floria
15. Birthplace Italy

16 (a) Informant Samuel Cascio
(b) Address 222 Mallow Hill Ave - Catonsville

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Baltimore, Md

18 (a) Funeral director J. McCoy
(b) Address 1214 E Fond St

19 (a) NOV 22 1940 (Date rec'd by Local Registrar) Huntington Williams M.D. (Signature of Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20th 1940, at 3:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Nov. 20 1940 and that I last saw h alive on Sept 20 1940.

Immediate cause of death: Pleurisy with effusion
Tuberculosis — Duration 4 days

Due to: — Duration 4 days

Due to: — Duration over

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Frank Virgilio M. D.
Address Dundalk Md Date signed 11/22/40

VS 3

Correct age is important. Physicians: please write the causes of death clearly and legibly. PRINTING INK. Every item of information should be carefully supplied.

388493
74750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 74750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 DAS
(e) Length of stay in Baltimore (yrs., mos., or days) 11 DAS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Ridgemoor Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Crawford

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-27-39
8. AGE: Years 1 | Months 11 | Days 24 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name John J Crawford
13. Birthplace VA

MOTHER
14. Maiden Name Estelle Poole
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 24/40 (month) (day) (year)
(c) Cemetery or crematory OAK GROVE CEM.
Location PETERSBURG VA.

18 (a) Funeral director Lilly & Zeidler
(b) Address 403 S. WOLFE ST.

19 (a) (b) Filed NOV 22 1940 Huntington Williams M.D.
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940, at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1940, to Nov 21 1940, and that I last saw h alive on Nov 21 1940.

	Duration
Immediate cause of death: meningitis, pneumococcal	11 days
Due to: mastoiditis, pneumoc. bilateral	2 wks
Due to: otitis media, bilateral	2 wks
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: bilat. mastoiditis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Johns Hopkins Hospital Date signed 11-21-40

UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 74751

correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Schamburger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1860

8. AGE: Years	Months	Days	If less than one day
79	11		hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)
10. Usual Occupation Tinner
11. Industry or business

FATHER
12. Name Nicholas ?
13. Birthplace

MOTHER
14. Maiden Name Henrietta ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Reba Utrecht
(b) Address 914 Cherry Hill Rd

19 NOV 22 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1940 (Day) 9:45 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1940 to Nov 21 1940, and that I last saw him alive on Nov 21 1940.

	Duration
Immediate cause of death: Edema of Lungs	2 days
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E North Ave Date signed 11/22/40 M. D.

F 74752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 74752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapel Gate Lane
(c) Hospital or institution: Arm Sterling Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Balto~~.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4735 Park Hgts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan I Klees

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John I Klees
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1845
8. AGE: Years 95 Months 5 Days 13 If less than one day hr. min.
9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ephraim Cover
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Elizabeth Stemmel
15. Birthplace Md.

16 (a) Informant Mr. John N. Klees
(b) Address 4735 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Sams Creek, Carroll Co Md

18 (a) Funeral director C. M. Wells
(b) Address Wenfield Md

19 NOV 22 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct, 30, 1940 to Nov, 21 1940 and that I last saw her alive on Nov, 21 1940.

Immediate cause of death: Lobar Pneumonia. — Duration: 5 days
Due to: Senility.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Lloyd Johnson M. D.
Address Catonsville Md Date signed Nov, 22 1940.

V8 3

DO NOT WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183-0 Registered No. H 74753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Warren Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Warren Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Mary Rebecca Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.
NU	none

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Charles T. Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 1863

8. AGE: Years	Months	Days	If less than one day
77	2	26	hr. min.

9. Birthplace Alexandria Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Marcellus Emery
13. Birthplace Unknown

MOTHER
14. Maiden Name Anna Knight
15. Birthplace Unknown

16 (a) Informant Anna Bryan
(b) Address 411 Warren Ave

17 (a) Burial (b) Date thereof 11/23/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Carmel
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 NOV 23 1940 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21st 1940, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to Nov 21 1940.
and that I last saw h alive on Nov 21 1940.

Immediate cause of death Cerebral hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. M. Shurly M. D.
Address 910 W Lombard Date signed 11/22/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D Registered No. F 74754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Guyon Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1053 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary P. Wenckel

3 (b) If veteran, name war W

3 (c) Social Security Account No. NTE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Louis C. Wenckel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15th 1855

8. AGE: Years	Months	Days	If less than one day
85	2	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Conrad Wegner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant George C. Wenckel
(b) Address 5513 Sefton Ave

17 (a) Burial (b) Date thereof 11/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Carmel
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1417 E. Paul St

19 (a) NOV 23 1940 Huntington Willis, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to Nov 21 1940 and that I last saw h~~e~~ alive on Nov 21 1940

Immediate cause of death Acute dilatation of Heart — Duration 1 day

Due to Hypertension

Due to

Other Conditions Chronic Hypertension & Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Cook M. D.
Address 1509 Fairmount Ave Date signed Nov 22 1940

VS 3

~~correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

F 74755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 74755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Mt. Royal Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Parr

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Widowed

6 (b) Name of husband or wife George E. Parr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1876

8. AGE: Years	Months	Days	If less than one day
63	11		hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Home Keeper
11. Industry or business Mayflower Hotel Wash. D.C.

FATHER
12. Name Walter Wallis
13. Birthplace England

MOTHER
14. Maiden Name Margaret E Wallis
15. Birthplace England

16 (a) Informant Wm R. Lehman
(b) Address 2558 Woodbrook Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 NOV 23 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21st 1940, at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10th 1940, to Nov 21st 1940, and that I last saw her alive on Nov 21st 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	31 Days
Acute Dilitation	
Due to Unknown	
Due to Unknown	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed Nov 22 /40

VS 8

WITH UNFADING INK. Every item of information should be entered, if not known write "unknown." Physicians: please write the causes of death clearly and legibly. correct age is especially important.

#6

F 74756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#6 Registered No. F 74756

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Womans Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Leeds Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sarah E. Gochnauer

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-09-8366

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Harry G. Gochnauer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 18 1872

8. AGE: Years	Months	Days	If less than one day
68	0	4	hr. min.

9. Birthplace Lancaster Pa (Town, county, and state)
10. Usual Occupation Umbrella Tipper
11. Industry or business Poland & Katz

FATHER
12. Name Andrew Hammond
13. Birthplace Lancaster Pa

MOTHER
14. Maiden Name Margaret Brimmer
15. Birthplace Lancaster Pa

16 (a) Informant Mary M. DeLozier
(b) Address 1212 Leeds Terrace

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Lancaster
Location Lancaster Pa

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 22 19[illegible] Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 4 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29 1940, to 11/22 1940, and that I last saw h[illegible] alive on 11/21 1940.

Immediate cause of death Generalized carcinomatosis + extensive thrombosis

Due to Carcinoma of hepatic flexure of

Due to Colon

Other Conditions obstruction (intestinal) and jaundice (Include pregnancy within 3 months of death)

Major findings: Of operations carcinoma of Ascending colon.

Of autopsy none

Duration: Years 10/29/40 to 11/22/40

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Y. Hunt M. D.
Address Womans Hosp Date signed

VS 8

Every item of information must be given, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

Census 2314 J. Balto St

F 74757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 74757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 263 East Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 263 East Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nunziata Mirabile

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Santo Mirabile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1897

8. AGE: Years	Months	Days	If less than one day
43	-	27	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation at House
11. Industry or business

FATHER
12. Name Joseph Stroscia
13. Birthplace Italy

MOTHER
14. Maiden Name Maria ?
15. Birthplace Italy

16 (a) Informant Joseph Mirabile
(b) Address 263 East Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Albert W Cerrone
(b) Address 440 E Fayette St Baltimore, Md

NOV 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1937, to Nov. 19 1940, and that I last saw h[im] alive on Nov. 13, 1940.

Immediate cause of death	Duration
Carcinoma Lumen Recti	2 days
Due to Cirrhosis of Liver, Diabetes Mellitus, abscess of right lung	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cerrone M. D.
Address 514 Drury Lane Date signed

VS 3

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be answered. Where none, write none. Be sure your answers are correct and complete. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

F 74758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 74758

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Francis A. Keighley
(b) Address 578 N. Bradford St

NOV 23 1940

(c) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19, 1940, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamaker M.D. Medical Examiner.

Date signed 11-15-40

VS 6

74759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. 74759

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 517 N. Biddle St

(c) Hospital or institution Aged Shelter for Colored.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Over 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 517 N. Biddle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER — 12. Name Not known

13. Birthplace "

MOTHER — 14. Maiden Name "

15. Birthplace "

16 (a) Informant Miss Emma Webster

(b) Address 517 N. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)

(c) Cemetery or crematory Laurel Cem.

Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 N. Biddle St.

19 NOV 28 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940 at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1940 to Nov. 21 1940. and that I last saw her alive on Nov. 20 1940.

Immediate cause of death Cystitis insuff

Duration: a year

Due to Chronic Nephritis.

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Petterman M. D.

Address 817 Hamilton Ter. Date signed Nov 22 40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as far as is known. Physicians: please write the causes of death clearly and legibly. This is especially important.

74760 46736 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Baltimore City Hospitals
(c) Hospital or institution: 3940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Linden Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jonathan Chatman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1870

8. AGE: Years	Months	Days	If less than one day
70	7	24	hr. min.

9. Birthplace Maryland (Town, county, and state) 2 yrs.
10. Usual Occupation Waiter
11. Industry or business Belvedere Hotel

FATHER
12. Name William
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Edwards
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Long Green Md

18 (a) Funeral director WPA Private H. Hensley
(b) Address 518 N. Biddle St.

19 (Date received) NOV 23 1940 Burington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1940, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1939, to Nov. 20 1940, and that I last saw him alive on Nov. 20, 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 2 yrs.

Due to:

Due to: — Duration: about 6 yrs.

Other Conditions: Bilateral Pulmonary Tuberculosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 11-21-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-EN

Registered No. F 74761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please give full information. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & W Mount
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town [redacted] Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Bloomsbury Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Florence Alberta Huber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1940

8. AGE: Years	Months	Days	If less than one day
	2	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Augustus Joseph Huber
13. Birthplace Balt. Co.

MOTHER
14. Maiden Name Blanche Tucker
15. Birthplace Baltimore Md

16 (a) Informant Blanche Huber
(b) Address 307 Bloomsbury ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director Robt C & B. M. Walton
(b) Address Pratt & Strieker Sts

NOV 23 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1940, at 11 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1940 to 11-21 1940, and that I last saw h[illegible] alive on 11-21 1940.

Immediate cause of death Cardiac Failure — Duration 2 1/2 hrs
Congenital Heart Disease

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature E Wilson Parks M. D.
Address St Agnes Date signed 11/22

74762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. E 74762

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 S. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 S. Vincent St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard V. Nash

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Florence E. Nash

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) December 8-1883

8. AGE: Years 56 | Months 11 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Texas - Baltimore County (Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER
12. Name John W. Nash
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Medter
15. Birthplace Baltimore Md.

16 (a) Informant Florence E. Nash
(b) Address 417 S. Vincent St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov-25-40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem.
Location A. A. County Md

18 (a) Funeral director Robt C. & M. Walker
(b) Address Pratt & Fulton Sts

NOV 23 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1940, at 8:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1940 to Nov 21 1940, and that I last saw h[im] alive on Nov 21 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mother Rennie

Address 206 S [illegible] St Date signed 11-23-40

VS 2

F 74763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 74763

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained by inquiry of informant, and entered as directly as possible. Be sure that all items are correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St
(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 S. Macon St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joann Organ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3 weeks old.

8. AGE: Years	Months	Days	If less than one day
0		21	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Organ
13. Birthplace Woodlawn P.O.

MOTHER
14. Maiden Name Anna Riley
15. Birthplace Baltimore Md.

16 (a) Informant Joseph Organ
(b) Address 501 S Macon St.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)
(c) Cemetery or crematory X Schutzy
Location Odonnel St

18 (a) Funeral director John J. Ryda
(b) Address 2829 Hudson St

19 (a) 23/940 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22-40 19.... at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1940, to 11-22 1940, and that I last saw h.r alive on 11-22 1940.

Immediate cause of death Lobar Pneumonia Left Base — Duration 6 Days

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature C. Wilbur Martin M. D.
Address 41 Josephine Hosp. Date signed 11/21/40

VS 8

F 74764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-0 Registered No. F 74764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3020 Baker st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3020 Baker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Clara Harman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Ebenezer Harman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1863

8. AGE: Years	Months	Days	If less than one day
77	9	29	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Israel E. Owings
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Camilla A. Dyer
15. Birthplace Balto Co. Md.

16 (a) Informant Minnie M. Young
(b) Address 3713 Winterbourne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. Balto Md.
(d) Funeral director F. O. Kraemer
Address 2301 Edmondson Ave.

19 (a) 11-23-1940 (Date received by registrar) (b) Huntington Hillsinger Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940. at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 21 1940
and that I last saw h[illegible] alive on Nov 21 1940.

Immediate cause of death acute gastro enteritis —
Due to Arteriosclerotic cardio —
Due to Primary renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 24 hours, several years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Ave Date signed Nov 22. 40

CGK

F 74765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

5344 74765 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 N. Eutaw Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Valentine

S S 215-10-0057

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-(?)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1892

8. AGE: Years	Months	Days	If less than one day
48	5	0	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Taswell
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Tasner
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Theodore Hulskamp
(b) Address 918 Druid Hill Ave.

1940 (a) (Date rec'd by registrar) (b) Registrar

NOV 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940 at 7.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1940, to Nov. 21 1940, and that I last saw him alive on Nov. 20 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 11-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct. Space is especially important. Physicians: please write the causes of death clearly and legibly.

F 74766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 74766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 S. Furrow St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 S. Furrow St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Malinofski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ late August Malinofski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1863

8. AGE: Years	Months	Days	If less than one day
77	9	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Henry Malinofski
(b) Address 311 S. Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Henry H. Wittstadt
(b) Address 4410 Edmondson Ave Huntington Williams Funeral Home

NOV 23 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1940, to 11/20 1940, and that I last saw h[illegible] alive on 11/20 1940.

Immediate cause of death ..... Duration
arteriosclerotic cardio-vascular disease ..... 4 mos
Due to .....
Due to .....
Other Conditions ..... 1 day
coronary occlusion
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens Date signed 11/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

74767 HEALTH DEPARTMENT—CITY OF BALTIMORE 74767

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Hilton St. 20 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 11 mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Agnes Bauer

If U. S. Veteran specify WAR _____

(a) Residence: No. 110 N. Hilton St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William E. Bauer

6. DATE OF BIRTH (month, day, year) Dec. 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT William E. Bauer
(Address) 110 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov. 24/40

19. UNDERTAKER Harry H. Little
(Address) 4101 Edmondson

NOV 23 1940 Huntington Hilltop Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937 to Nov. 21, 1940

I last saw her alive on Nov 21, 1940 Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with metastases	5/24/40

Other contributory causes of importance: Hypertension Cardiovascular Disease

Was an operation performed? 5/24/40 Date of 5/24/40

For what disease or injury? Carcinoma of Breast

Name of operation Radical Mastectomy

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Harry M Coleman M.D.

(Address) 244 N Hilton St

Information should be carefully supplied. All items must be answered or a satisfactory reason given why they cannot be. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 74768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 74768

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Brockschmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. Brockschmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6 - 1866

8. AGE: Years	Months	Days	If less than one day
74	2	14	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles Reeb
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mary Brockschmidt
(b) Address 2013 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John L. Malley
(b) Address 2034 Jefferson St.

NOV 23 1940 (Date received by local registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 20 - 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1940 to Nov 20 1940, and that I last saw h alive on Nov 20 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	2 days
Pulmonary Oedema	
Due to	
Cardio Vascular Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1 E. Mt. Vernon Pl. Date signed 11/22/40

VS 2

F 74769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 Registered No. F 74769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1937 N. Fulton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THERESA MAY WILSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James E. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1911

8. AGE: Years	Months	Days	If less than one day
29	2	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas E. Gatten
13. Birthplace Maryland

MOTHER
14. Maiden Name Addie B. Dare
15. Birthplace Maryland

16 (a) Informant Mrs. Addie B. Gatten,
(b) Address 1937 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (b)

NOV 23 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940, at 5:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11, 1940, to Nov. 22, 1940. and that I last saw h alive on Nov. 2 (, 1940.

Immediate cause of death
Rheum. C V D
Arterial Stenosis; C. Fibrill.
Duration several years

Due to —

Due to —

Other Conditions Cardio. renal failure
(Include pregnancy within 3 months of death)
Duration several mos.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Spearman M. D.
Address 2340 Eutaw Pl. Date signed Nov. 23 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 74770 F 74770

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N. Payson St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yr. 9 mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Joseph Martin S.S. No. 214-10-0095 If U. S. Veteran specify WAR

(a) Residence: No. 100 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alberta D. Martin

6. DATE OF BIRTH (month, day, year) July 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bet. Stub Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Blake

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Alberta D. Martin
(Address) 100 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov. 25 40 19

19. UNDERTAKER George L. Schnaat
(Address) 2101 Frederick Ave.

20. Filed Nov 28 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1940 to Nov. 21, 1940

I last saw h[illegible] alive on Nov. 21, 1940 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cardio Renal Disease	(?)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Symp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Williams Triplett M.D.

(Address) 1326 W. Lanvale St.

N. B.—WRITE PLAINLY with pen and ink. Information should be carefully supplied. AGE should be stated EXACTLY. If child, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 2

F 74771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74771 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgewood Sanitorium
(c) Hospital or institution: 6000 Bellona Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Merryman

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emily A. Merryman
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov 25th 1870

8. AGE: Years	Months	Days	If less than one day
69	11	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Janitor

FATHER
12. Name Reese Merryman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Md.

16 (a) Informant Records Old Age Pension Office
(b) Address Dept of Welfare

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md
Funeral director William Cook
Address 1217 St Paul St.

19 (a) NOV 29 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19th 1940, at 7 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1940 to Nov 19 1940, and that I last saw h[illegible] alive on Nov 17 1940.

Immediate cause of death	Duration
Chronic Myocarditis	15 yrs
Due to Rheumatic Fever	10 years ago
Due to	
Other Conditions Hemorrhage 2 yrs of Arms & Forearms	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 4305 York Rd Date signed 11/29/40

F 74772 ✓ F 74772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3607 Fairfield Road St. 25 Ward

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME ANTHONY-SWIDERSKI If U. S. Veteran specify WAR _____

(a) Residence: No. 3607 Fairfield Road St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Dyniderski

6. DATE OF BIRTH (month, day, year) June 13-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Adam Dyniderski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kat Kupsow

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Stanley Dyniderski
(Address) 3607 Fairfield Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Nov. 25 1940
a. a. Co. Fred W. Ozarowski
19. UNDERTAKER (Address) 1838 Eastern Ave.

NOV 23 1940 Huntington Williams M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from June. 1940 to Nov 21 1940

I last saw h[illegible] alive on Nov 17, 1940 Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Resp Disease
Cerebral Hemorrhage

Duration of each
Nov 21/40

Other contributory causes of importance

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Ken D. Parker M. D.

(Address) 720 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4773 61101 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 F 74773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E. Monument Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Louise Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lemon Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. ?, 1886

8. AGE: Years 54 | Months 1 | Days | If less than one day hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER 12. Name: Henry Turner

13. Birthplace: Virginia

MOTHER 14. Maiden Name: Lou Turner

15. Birthplace: Virginia

16 (a) Informant: records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 23-40 (month) (day) (year)

(c) Cemetery or crematory: Mt Calvary Cem

Location: a a Co Md

18 (a) Funeral director: Robert E Williams

(b) Address: 1515 McElderry St

19 (a) Filed rec'd by registrar: Huntington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-21-1940, at 2:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20-1940, to 11-21-1940, and that I last saw h-- alive on 11-21-1940

Immediate cause of death	Duration
Anaphylaxis	?
Bronchopneumonia	?
Due to: Arteriosclerosis myocarditis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Balto City Hosp Date signed: 11-22-40

F 74774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 74774 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARCHIE. H. CLAY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
? 70			hr. min.

9. Birthplace Charlottesville Va (Town, county, and state)

10. Usual Occupation Lt. B. Woolford Coal Dumper

11. Industry or business

FATHER 12. Name Henry Clay
13. Birthplace Va

MOTHER 14. Maiden Name Odessa ?
15. Birthplace Va

16 (a) Informant Mattie Elzey
(b) Address 1624 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1940 (Month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co. Md.

(a) Funeral director Robert E. Gilliam
Address 1515 W. Fayette St

19 (a) Nov 23 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1940, at 6 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Fracture of base of skull.	
Due to	
Due to	
Other Conditions: Tuberculosis pulmonary, far advanced (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 14, 1940
(c) Where did injury occur? Hanover & Hershman Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury struck by auto while crossing St.

23. Signature H. A. Wallenmeier M.D. Asst Medical Examiner.

Date signed 11-18-40

F 74775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 74775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 71 Gay.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Weaver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William Weaver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years 88 | Months | Days | If less than one day hr. min.

9. Birthplace Stanford Co. Va

(Town, county, and state)

10. Usual Occupation Domestic work

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Daisy W. Bevans
(b) Address 1636 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23rd 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery
Location Brooklyn A. a/o Co. Md

18 (a) Funeral director Bryden & Francis H. Wright
Address 1218 Pine & Edgerly St Balto

19 (a) (Date rec'd by registrar) (b) Huntingtown Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1940 at 5 DST P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Nov 20 1940 and that I last saw h alive on Nov 19 1940.

	Duration
Immediate cause of death: apoplexy	one day
Due to: Arterio-Sclerosis	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 2 E Monument Date signed 11-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

74776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 74776
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 W Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Willis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Leon Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1895

8. AGE: Years	Months	Days	If less than one day
45	3	17	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder Ste. Huntington Williams, M.D.

19 (a) Nov 23 1940 (Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 1940, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20- 1940 to 11-21- 1940 and that I last saw h-d alive on 11-21- 1940

Immediate cause of death: Lobar pneumonia — Duration: 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Geraghty M. D.
Address Balto. City Hosp. Date signed 11-21-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks correctly and especially important. Physicians: please write the causes of death clearly and legibly.

F 74777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74777 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2440 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Waters
13. Birthplace Maryland

MOTHER 14. Maiden Name Elsie Smith
15. Birthplace Maryland

16 (a) Informant Nellie Conway
(b) Address 1463 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25-1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Arbutus

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 NOV 23 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21/1940, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14/1940 to 11/21/1940 and that I last saw him alive on 11/21/1940

Immediate cause of death	Duration
(a) Cerebral hemorrhage	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 160 W. Lanvale St Date signed 11/23/40

F 74778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-P Registered No. F 74778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md
(If outside city or town limits, write RURAL and give town)
Street No. 2011 Kennedy ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James V. Prenger

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9353

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eunice
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 4, 1890

8. AGE: Years	Months	Days	If less than one day
50	8	18	hr. min.

9. Birthplace Balto md.
(City, town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Steam Ship Co.

FATHER
12. Name John Prenger
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ellen Brennan
15. Birthplace Ireland

16 (a) Informant Mrs. Eunice Prenger
(b) Address 2011 Kennedy ave

17 (a) Burial (b) Date thereof 11/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md.

18 (a) Funeral director Mort J. Flynn
(b) Address 1422 Light St

NOV 23 1940 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1940, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov 22 1940, and that I last saw him alive on Nov 22, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertensive Cardio-Vascular Disease	7 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul H. Cowell M. D.
Address Mercy Hospital Date signed 11/22/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 74779 , F 74779 ,

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-A

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 E. Biddle Street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES H. MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1871

8. AGE: Years	Months	Days	If less than one day
69	10	11	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Electrical Business
11. Industry or business Retired

FATHER
12. Name James E. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Murphy
15. Birthplace Ireland

16 (a) Informant Mrs. Hugh McLaughlin
(b) Address 217 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location .....

18 (a) Funeral director Charles Sauer Funeral Home Inc.
(b) Address 115 W. Mt. Royal Ave.

19 (a) Filed NOV 28 1940 (Registrar) (b) Registered .....

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1940 to 11/22 1940, and that I last saw him alive on 11/21 1940

Immediate cause of death	Duration
Uraemia	
Due to (b) Cardio-vascular Renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. H. Resnick M.D.
Address 4716 Liberty Ht. Date signed 11/24

PLEASE WRITE PLAINLY. Ink should be used. Do not use pencil. Be sure your answer to each question is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 74780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √180

F 74780 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where correct answer is not known. Answer to items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 should be given by informant. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 - 0 - A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Pierce Street also 609 N. Carlton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Phillips (Mayhew)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Henry Phillips
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Spartanburg or Spencer S. C. (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Perry Mayhew
13. Birthplace Spartanburg S.C.

MOTHER
14. Maiden Name Mary Mayhew
15. Birthplace Spartanburg S.C.

16 (a) Informant Edward Mayhew
(b) Address 915 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George A. Kelsey
(b) Address 1303 Pressman St

19 (a) Filed (Date) NOV 23 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 1940, at 12 05 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereof and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation
Shock
Due to 2nd & 3rd degree burns
Due to working 75% of body.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Apparently Accident
(b) Date of occurrence 11-21-40
(c) Where did injury occur? 1633 Pierce Apts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Clothes burned at stove

23. Signature Howard J. Madding M.D. Medical Examiner.
Date signed 11-21-40

VS 6

F 74781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 74781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not leave blanks. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-8-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Pierce Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Etoha of Victoria Brooks (Hill)

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife John Henry Brooks
6 (c) If alive, give age 38? years

7. Birth date of deceased (mo., day, yr.) May 15 1915

8. AGE: Years	Months	Days	If less than one day
25	6	6	hr. min.

9. Birthplace Spartanburg S. C. (Town, county, and state)
10. Usual Occupation Home-work-
11. Industry or business Domestic

FATHER
12. Name John Henry Phillips
13. Birthplace Spartanburg S. C.

MOTHER
14. Maiden Name Mary Nance
15. Birthplace Spartanburg S. C.

16 (a) Informant Edward Nance
(b) Address 915 N. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Auburn

18 (a) Funeral director George L. Nelson
(b) Address 1703 Presstman St

19 (a) Date received NOV 23 1940 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 19 40, at 12.05 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock — Duration

Due to 2nd & 3rd degree burns involving 60% of entire body.

Due to

Other Conditions Congestion.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Apparent Accident
(b) Date of occurrence 11-21-40
(c) Where did injury occur? 1633 Pierce St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Overturned oil stove

23. Signature Howard J. Masden Medical Examiner M.D.
Date signed 11-21-40

59377-MD

F 74782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30 E

Registered No. F 74782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 W. Henrietta St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-4571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Married-seperated

6 (b) Name of husband or wife Viola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-7-1904

8. AGE: Years	Months	Days	If less than one day
36	9	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chaueffer
11. Industry or business

FATHER
12. Name Walter Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Chase
15. Birthplace Md.

16 (a) Informant B. of H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md

18 (a) Funeral director Isaiah S. Brown & Son
(b) Address 1048 W Montgomery St

NOV 23 1940
(Date received by Registrar) (b) Huntington Williams Md. Jr

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 1940, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21- 1940, to 11-21- 1940, and that I last saw h alive on 11-21- 1940.

Immediate cause of death	Duration
Cardiac failure	7
Due to Syphilis M. Dis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Syph. M. Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-22-40

VS 3

PLEASE WRITE PLAINLY with [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. F 74783

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 W. West St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 1
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 W. West St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emory Jennings

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-09-9152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Addie Jennings
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 4, 1885

8. AGE: Years	Months	Days	If less than one day
55	4	16	— hr. — min.

9. Birthplace Anne Arundel Co, Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Coal Co.

FATHER
12. Name William Henry Jennings
13. Birthplace Maryland

MOTHER
14. Maiden Name Wing Burley
15. Birthplace Maryland

16 (a) Informant Addie Jennings
(b) Address 131 W. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B & O Md

18 (a) Funeral director David L. Brown & Son
(b) Address 28 W. Mount Royal Ave Baltimore, Md

19 (a) NOV 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.20.40 19 at 5:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9.26.40 19 to 11.20.40 19, and that I last saw him alive on 11.19.40 19

Immediate cause of death
metastatic Carcinoma
Due to Carcinoma stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration about Sept. 1940

Major findings:
Of operations peritoneum studded with nodules - 10.18.40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Pair M. D.
Address 4 E. Cathedral Date signed 11.22.40
11.22.40

VS 3

F 74784

BALTIMORE CITY HEALTH DEPARTMENT

DH **CERTIFICATE OF DEATH** 50

Registered No. F 74784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Flannigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Willie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1901

8. AGE: Years	Months	Days	If less than one day
39		3	hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Russell
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, '40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk. Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Scollard
(b) Address 1631 Druid Hill Ave.

19 (a) NOV 23 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/ 1940, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1940, to 11/20 1940, and that I last saw h[illegible] alive on 11/19 1940

Immediate cause of death: Adenocarcinoma right breast
c metastasis — Duration: 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Radical mastectomy

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 11/24/40

PLEASE WRITE PLAINLY. Please see that the information you give is correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 74785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 E

Registered No. F 74785

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun + Fayette Sts
(c) Hospital or institution: Franklin Square Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 Clifmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Girl Bullon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 9 | 40

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wilbourne, Bullon
13. Birthplace ✓

MOTHER
14. Maiden Name
15. Birthplace ✓

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Geo J Ruth Sons Inc
(b) Address 1735 Harford ave

19 NOV 23 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 | 23 | 40 19 , at 2:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 | 9 | 40 19 to 11 | 23 | 40 19 , and that I last saw her alive on 11 | 22 | 40 19

Immediate cause of death Heart Failure — Duration
Due to Congenital Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp Date signed 11/23/40

VS 3

F 74786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74786 Registered No.

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Elizabeth
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Second Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Ann Thor

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-40

8. AGE: Years	Months	Days	If less than one day
	6	8	hr. min.

9. Birthplace Elizabeth, N. J.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John S. Thor
13. Birthplace Elizabeth N. J.

MOTHER
14. Maiden Name Florence Maran
15. Birthplace New York City - N. Y.

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 40 (month) (day) (year)
(c) Cemetery or crematory Elizabeth
Location Elizabeth N J

18 (a) Funeral director McCord & Co
(b) Address 1311 E Fort Ave

19 (a) NOV 24 1940 (b) Huntington Williamsburg, N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22, 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1940, to 11-22 1940, and that I last saw h[illegible] alive on 11-22 1940.

Immediate cause of death: Lobar pneumonia Rt. — Duration: 1 week
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend M. D.
Address University Hospital Date signed 11-24-40

F 74787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 74787 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edward Miles X

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1342

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Miles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1904

8. AGE: Years 36 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James H. Miles
13. Birthplace Lancaster Co. Va

MOTHER
14. Maiden Name Eliza Williams
15. Birthplace Lancaster Co. Va

16 (a) Informant Marie Miles
(b) Address 1711 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-40 (month) (day) (year)
(c) Cemetery or crematory Littwalton Va.
Location Lancaster Co. Va

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) [illegible] (Local registrar) Huntington Williams, M.D.

NOV 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1940, at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940, to 11-22 1940, and that I last saw him alive on 11-22 1940.

Immediate cause of death: Lobar Pneumonia (bilateral) — Duration: 21 days

Due to

Due to

Other Conditions — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury MUSSENDEN

23. Signature H. P. Mussenden M. D.

Address Provident Hosp Date signed 11-23-40

F 74788
61105 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-2 F 74788 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 W. Middle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. Ca U.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace ? Richmond W. Va. (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill Ave

19 (a) (b) (Date received by registrar)

NOV 24 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 1940, at 7 39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20- 1940, to 11-21- 1940, and that I last saw him alive on 11-21- 1940

Immediate cause of death: Uremia — Duration: ?

Due to: Arteriolar nephrosclerosis — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 11-23-40

74789

HEALTH DEPARTMENT—CITY OF BALTIMORE

74789

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1722 N. Fulton Ave. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

about 40 Yrs.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna Harley

If U. S. Veteran specify WAR

(a) Residence: No. 1722 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Harley

6. DATE OF BIRTH (month, day, year) Jan.-8-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Michael Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Girfillin

16. BIRTHPLACE (city or town) (State or country) Scotland Scotland

17. INFORMANT Annie Girfillin
(Address) 1722 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Nov.-25-1940

19. UNDERTAKER Henry Stauch's Sons Inc.
(Address) 1301 E. Eager St.

NOV 24 1940 19 Huntington Mills M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.-22-1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1940 to Nov 22nd 1940

I last saw her alive on Nov 22nd 1940 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Other contributory causes of importance: Chronic Interstitial Nephritis	July 1940

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify?

(Signed) William Hillman M. D.

(Address) 1701 W. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Omit statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.D.

F 74790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V83-2 F 74790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor Ave.
(c) Hospital or institution: W. Balt. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2640 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George L. Franks

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Hattie Franks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1890

8. AGE: Years: 50 | Months: 6 | Days: | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Z

11. Industry or business

FATHER
12. Name George Franks
13. Birthplace Germany

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Mrs. Hattie Franks
(b) Address 2640 Harlem Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A.Co.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

NOV 24 1940 (Date received by registrar) (b) Huntington Woods, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1940, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1940 to 11-21 1940 and that I last saw h. alive on 11-21 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 hrs.
Due to: Hypertension	3 mos.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Waldenstein M. D.
Address [illegible] Date signed Nov. 24, 40

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-M

F 74791 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Oak Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ######
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Oak Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Rhodes

3 (b) If veteran, name war: --
3 (c) Social Security Account No. ##-##-##

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Widow

6 (b) Name of husband or wife: William C. Rhodes
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 5, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	17	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: House-wife
11. Industry or business

FATHER
12. Name: Nisholis Brendel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Elizabeth C. Beach
(b) Address: 2916 Oak Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 25, 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto. Md.

18 (a) Funeral director: Robert S. Little
(b) Address: 2700 Edmondson Ave.

19 (a) (Date received by registrar) Huntington Williams, M.D.
NOV 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1926 to Nov 22 1940, and that I last saw h[er] alive on Nov 22 1940.

Immediate cause of death: Clear Endometrio + Cystic Sarcoma

Duration: 14 yrs

Due to:

Due to:

Other Conditions: Sarcoma of Left Kidney
(Include pregnancy within 3 months of death)

Major findings of operations: Sarcoma of Kidney

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. B. Wilson Hanson M. D.
Address: 1901 Eutaw Pl Date signed: 11/23/40

74792 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74792

CERTIFICATE OF DEATH

157-E

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 19-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8day How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Schiekner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1338 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/15/40-9.45 PM

7. AGE Years	Months	Days	If Less than 1 day 20 hrs. or ... min.
		8da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Schiekner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amelia Maeine

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Thomas Schiekner
(Address) 1338 Mc Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Nov. 25 19 40

19. UNDERTAKER Margaret J. Tolzman
(Address) 1822 Light St.

20. FILED ..... 19 .....
Registrar.

NOV 24 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.23.40 , 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15/40 , 19 ... to 11.23.40 , 19 ...

I last saw her alive on 11.23.40 , 19 ... Death is said to have occurred on the date stated above, at 4.45P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	11/15/40
Pneumonia	11/22/40
	acute

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward L. L. Kriegmont M. D.

(Address) Bon Secours Hospital Fayette & Paca Sts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

74793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-B ✓ F 74793

Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Appleton st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME OTTO HOENES

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Hoenes

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1881

8. AGE: Years: 59 | Months: 3 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Coffee & tea merchant

11. Industry or business: own business

FATHER 12. Name: Robert Hoenes

13. Birthplace: Germany

MOTHER 14. Maiden Name: Wilhelmina Hetting

15. Birthplace: Germany

16 (a) Informant: Mary Hoenes

(b) Address: 624 n. appleton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)

(c) Cemetery or crematory: London Park-

Location: Balto Md

18 (a) Funeral director: Wm Chas A & J Rohde

(b) Address: 2327 Edmondson Ave

19 (a) (b) Huntington Mills, M.D. (Date rec'd by registrar)

NOV 24 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940 at 7 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — **Duration**

Due to Exhaust gas from auto

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accidental
(b) Date of occurrence 11-22-40
(c) Where did injury occur? Garage in rear 624 appleton st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury exhaust gas from auto

23. Signature Jos L. Wallenweber M.D. Medical Examiner.

Date signed 11-23-40

F 74794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 74794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Mechanicsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 99
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Andrew J. Quade

3 (b) If veteran, name war	3 (c) Social Security Account No. 49 MV

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	married

6 (b) Name of husband or wife Elizabeth Pilkerton Quade
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 1909

8. AGE: Years	Months	Days	If less than one day
30	11	—	..... hr. ..... min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Own Farm

FATHER
12. Name James Quade
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Dain Williams
15. Birthplace St. Mary's Co. Md

16 (a) Informant Melvin Pilkerton
(b) Address Leonardtown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-40 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Morganza, St. Mary's Co. Md.

18 (a) Funeral director W. C. Mattingly & Sons
(b) Address Leonardtown, Md.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

NOV 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/40 19 ..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1940 to 11-24 1940 and that I last saw him alive on 11-24 1940

Immediate cause of death

	Duration
Due to Lipoid Nephrosis	4 weeks
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature C. Wilbur Marker M. D.
Address St. Joseph's Hospital Date signed 11/28/40
per J. R. Schmidt M.D.

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74795 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4101 Groveland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Groveland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

78

3 (a) FULL NAME Regina B. Droman

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Albert E. Droman Sr
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1863

8. AGE: Years	Months	Days	If less than one day
77	1	15	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Richard Briddyhouse
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Un Known
15. Birthplace "

16 (a) Informant Albert E. Droman Jr
(b) Address 4101 Groveland Ave

17 (a) Burial (b) Date thereof 11/25/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 24 1940 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1940, 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Nov 23 1940 and that I last saw her alive on Nov 21 1940.

Immediate cause of death
Chronic Myocarditis — Duration: ?
Due to
Due to Arterio Sclerosis — Duration: ?
Other Conditions Senile degeneration — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Nichols M. D.
Address Pikesville Md Date signed 11-23-40

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

F 74796

BALTIMORE CITY HEALTH DEPARTMENT

MH

CERTIFICATE OF DEATH

93-D

Registered No. F 74796

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos. 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1117 E Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Cline

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-14-3535

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1874

8. AGE: Years 66 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace N. Y. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business W. P. A.

FATHER

12. Name John Cline

13. Birthplace N. Y.

MOTHER

14. Maiden Name Euphemia Whyaan

15. Birthplace N. Y.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)

(c) Cemetery or crematory St Matthews

Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 127 St. Paul st

19 (a) NOV 24 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22-1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15-1940, to 11-22-1940 and that I last saw him alive on 11-22-1940.

Immediate cause of death Cardiac failure — Duration 7

Due to Hypertensive CVD — 2

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Cardiac enlargement

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M. D.

Address Balto City Hosp Date signed 11-23-40

Please write clearly. Be sure your statements are correct and complete. Physicians: please write the causes of death clearly and legibly. Accurate information as to age is especially important.

F 74797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74797 Registered No.

PLEASE WRITE PLAINLY with pen and ink. Use no abbreviations. Do not leave any blanks. Be sure to answer each question. Please see that your answers are complete and correct. Do not omit middle name or initial if any. If none, state "none." Be sure to give street address or location in all cases. Be sure to fill in items 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19. Be sure to sign certificate in item 23. Be sure to give exact place of death and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 W Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FREDERICK FRISSEL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Anna Frissel
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan 5th 1867

8. AGE: Years 73 | Months 10 | Days 15 17 | If less than one day: hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)
10. Usual Occupation Journeyman
11. Industry or business Painter

FATHER
12. Name Frederick Frissel
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Coyle
15. Birthplace Ireland

16 (a) Informant Anna Frissel
(b) Address 1315 W. Fayette St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ U. S. National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 417 St. Paul St

19 (a) NOV 24 1940 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 3 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease.
Due to
Due to
Other Conditions: Tuberculosis pulmonary chronic moderately advanced
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 11-20-40

VS 6

F 74798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 So Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 So Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Louis Armstrong

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Edna Armstrong
6 (c) If alive, give age: 15 years

7. Birth date of deceased (mo., day, yr.): Feb 5th 1894

8. AGE: Years	Months	Days	If less than one day
46	9	17	hr. min.

9. Birthplace: Cincinnati Ohio (Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business: Self

FATHER
12. Name: Edward Armstrong
13. Birthplace: Cincinnati Ohio

MOTHER
14. Maiden Name: Jessie M. Bevington
15. Birthplace: Indianapolis Ind.

16 (a) Informant: Edna Armstrong
(b) Address: 133 S. Broadway

17 (a) ~~Buried~~ Cremated ~~Removal, cremation, entombment~~ (b) Date thereof: 11/25/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~: St. Matthews
Location: O'Donnell St. Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) NOV 24 1940 (Registered by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1940 at 4 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. H. Vandegrift M.D. Medical Examiner.
Date signed: 11/23/40

VS 6

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Statements of contributory causes are especially important. Physicians: please write the causes of death clearly and legibly.

F 74799 (Void) ✓ F 74799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Woodbourne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reuben [redacted], Rosenstein

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Rosenstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th 1864

8. AGE: Years	Months	Days	If less than one day
76	3	27	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business F. A. Davis

FATHER
12. Name Simon Rosenstein
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Marcelona Le Bon
15. Birthplace Balto. Md.

16 (a) Informant Mary Rosenstein
(b) Address 533 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1940, at 3:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1940, to Nov. 22 1940, and that I last saw him alive on Nov. 22 1940.

Immediate cause of death Lobar Pneumonia — Duration 2 days
Due to Cerebral Hemorrhage — 11/4/40.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hark H. Bernstein, M.D.
Address 511 York Rd Date signed 11/23/40

Correct age is especially important. Physicians please write the cause of death plainly with the time between onset and death.

F 74800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D ✓ F 74800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave & Linden
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and name town)
(d) Street No. 3 Hoffman & Liberty Rds. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME W. Thomas Clark

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Etta
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 5, 1868.

8. AGE: Years	Months	Days	If less than one day
72	4		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William Clark
13. Birthplace Va

MOTHER
14. Maiden Name Mercenger Helen
15. Birthplace Va

16 (a) Informant Friend
(b) Address Md Gen Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory St Marys Cem
Location Hyattsville Md

18 (a) Funeral director E. R. Mearns
(b) Address 2924 Edmondson Ave

NOV 24 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1940, to Nov 21 1940, and that I last saw h[im] alive on Nov 21 1940.

Immediate cause of death Bacterial Endocarditis (Vegetative)

Duration
one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Vegetative Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Hoffman
Address Md General Hosp Date signed Nov 21, 1940

correct age is especially important. Physicians, please write the

VS 3

F 74801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 74801 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 E. Jefferson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Winslow Hamill (Harry Winslow Hamill.)

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 489-03-9284

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lucie May Hamill
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 27-1875

8. AGE: Years	Months	Days	If less than one day
65	4	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Outside Collector
11. Industry or business Dept Store

FATHER
12. Name Charles Webb Hamill
13. Birthplace Bridesburg Pa.

MOTHER
14. Maiden Name Elizabeth Wellmer
15. Birthplace Baltimore Md.

16 (a) Informant Lucie Hamill
(b) Address 2727 E Jefferson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn Md

18 (a) Funeral director Robert Brantz & Son
(b) Address Calhoun & Hollins sts.

19 (a) NOV 24 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1940, at 5:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1940 to 11-23 1940, and that I last saw h[illegible] alive on 11-23 1940.

Immediate cause of death Lobar Pneumonia — Duration 10 days

Due to

Due to

Other Conditions Paralytic Ileus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury

23. Signature R. H. Clifford M. D.
Address Union Mem. Hosp. Date signed 11-23-40

VS 3

correct age is especially important. Physicians: please write the exact age in years, or months, or days.

F 74802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44-B

F 74802

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1830 W Saratoga

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1830 W Saratoga St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E Scalio

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7217

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anthony J Scalio

6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1919

8. AGE: Years 21 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Adrian J Bell

13. Birthplace Maryland

MOTHER

14. Maiden Name Evelyn C Hook

15. Birthplace Maryland

16 (a) Informant Mrs A J Bell

(b) Address 1836 W Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md

18 (a) Funeral director George A Fahey

(b) Address Fulton Ave & Lafayette

19 (a) NOV 24 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1940, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1939 to 11/22 1940, and that I last saw her alive on 11/22 1940

Immediate cause of death: Auricular Fibrillation 2 hrs. Hodgkin's disease 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel L. Williams M. D.

Address 945 W. Balto Date signed 11/23/40

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information is especially important. Physicians: please write the causes of death clearly and legibly.

Aimee Gioussa Lambie

74803 F 74803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St Johns Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. W. Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Aimee Gioussa Lambie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1852

8. AGE: Years 88 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Pittsburgh Pa
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm Lambie
13. Birthplace Scotland

MOTHER
14. Maiden Name Aimee Gioussa
15. Birthplace Washington D.C.

16 (a) Informant Edwin F. Baker
(b) Address Emmitsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1940 (month) (day) (year)

(c) Cemetery or crematory Allegheny Cemetery
Location Pittsburgh Pa.

18 (a) Funeral director Pittsburgh Pgh
(b) Address 2234 N Charles St

NOV 24 1940 (b) ____ (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940 to Nov 24 1940. and that I last saw h alive on Nov 23 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions Generalized arteriosclerosis + Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brooke Boyle

Address 5309 Hanford Rd Date signed 11/24/40 M. D.

correct age is especially important. Physician: please write the cause in ink in every case legibly.

VS 3

F 74804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-5

F 74804 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2324 N Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 N Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Simms

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1932

8. AGE: Years	Months	Days	If less than one day
8	4	3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation School Boy.
11. Industry or business

FATHER
12. Name Gerald R Simms.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Violet Bantino.
15. Birthplace St Marys Co Md.

16 (a) Informant Gerald Simms
(b) Address 2324 N. Stockton St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/25/1940 (month) (day) (year)
(c) Cemetery or crematory St Peters Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Local registrar) (b) Huntington Williams, M.D. Registrar

NOV 24 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Nov 22 1940, and that I last saw h[illegible] alive on Nov 22 1940.

Immediate cause of death
Pan Carditis
Endocarditis
Fever

Duration
~~2 Weeks~~
20 Days

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1[illegible] Date signed Nov 23 '40

74805 74787 Nathan Poller

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 74805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 697 West End Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Nathan Poller

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sara Poller
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 21-1886

8. AGE: Years	Months	Days	If less than one day
54	4	3	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Manufacturer

FATHER 12. Name Aaron Poller
13. Birthplace Russia

MOTHER 14. Maiden Name Viktrow
15. Birthplace Russia

16 (a) Informant Sidney Poller
(b) Address 580 - 5th. Ave. N.Y.C.

17. Interment (Burial, cremation, removal) (b) Date thereof 11-24-40 (month) (day) (year)
(c) Cemetery or crematory Riverside Funeral Chapel
Location 76 New York

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

19 (a) NOV 24 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24-1940, at 9:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection of Body (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection of Body (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture Skull - base	
Due to " Hemorrhage - cerebral	
Due to Multiple lacerations abrasions & bruises	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-24-40
(c) Where did injury occur? Howard Co. - Md. Waterloo (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Road - Alley (Specify type of place) While at work? No
(e) Means of injury Auto - skidded, hit pole - occupant thrown out

23. Signature Howard J. Moseley M.D. Medical Examiner.
Date signed 11-24-40

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 74806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

F 74806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda Kellar

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Wm H. Kellar

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 25th 1863

8. AGE: Years	Months	Days	If less than one day
77	9	27	hr. min.

9. Birthplace: Washington D. C.
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: C. Heinlein
13. Birthplace: Washington D. C.

MOTHER
14. Maiden Name: C. Sweeney
15. Birthplace: Un Known

16 (a) Informant: Mrs George Racklein
(b) Address: 927 E. Preston St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Balto
Location: Balto Md.

18 (a) Funeral director: Williams Cook
(b) Address: 1217 St. Paul St

19 (a) NOV 25 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22nd 1940, at 5:13 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1940, to Nov 22 1940, and that I last saw h[illegible] alive on Nov 22 1940.

Immediate cause of death: Ch nephritis — Duration:
Due to: Acute Bronchopneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: A. L. Hamaker M.D.
Address: 733 Forquith St Date signed 11/24/40

F 74807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2141 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 Chelsea Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George L. Kirwan

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Stella S. Kirwan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th 1862

8. AGE: Years 78 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Clothing & Furniture

FATHER
12. Name William Kirwan
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Virginia (Unknown)
15. Birthplace Virginia

16 (a) Informant Mrs Johnson
(b) Address 2141 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) NOV 25 1940 (Date received by registrar) (b) Hunting for William Cook

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1940, at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Nov 23 1940, and that I last saw h[illegible] alive on Nov 23 1940.

Immediate cause of death
Hemiplegia - Left.
Hypertension.
Due to Diabetes-
Diabetic Gangrene L. foot.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
Sept 1 - Nov 23 - 40
—
30 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Kirwan M.D.
Address 2604 Garrison Blvd Date signed 11-25-40

F 74808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 74808

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
St. Joseph -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Christoffer Guernhart

3 (b) If veteran, name war: No -

3 (c) Social Security Account No. NONE -

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) 2-27-64

8. AGE: Years 76 | Months 9 | Days 4 | If less than one day: hr. ..... min. .....

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Florist

FATHER
12. Name Andreas Gernhart -
13. Birthplace Germany -

MOTHER
14. Maiden Name Sophia (Unknown) -
15. Birthplace Germany -

16 (a) Informant Hospital
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

NOV 25 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23- 1940, at 3-05 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock	
Due to Multiple fractures Lacerations	
Due to " abrasions & bruises	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-23-40
(c) Where did injury occur? Fmr 1 2039 S. North Ave.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Falling on ground, struck by automobile (state whether driver, passenger, or pedestrian)

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-23-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 74809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Keziah J. Waltemyer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Joseph Waltemyer
6 (c) If alive, give age 84 years
7. Birth date of deceased (mo., day, yr.) Mar 12th 1864
8. AGE: Years 76 | Months 8 | Days 11 | If less than one day: hr. min.
9. Birthplace Balto Co Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name Edward Royston
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Martin
15. Birthplace Balto. Co. Md.

16 (a) Informant Mary A. Schlueter
(b) Address 4033 Belle Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director W. H. Cook
(b) Address 1217 St. Paul St

19 (a) 11-25-1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1940, at 5:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1940 to Nov 23 1940 and that I last saw her alive on Sept 1 1940

Immediate cause of death: Arteriosclerosis — Duration
Due to: old age
Antecedent: Cancer of Gall Bladder?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald J. Tommy M.D.
Address 414 E. North Ave Date signed Nov 28

F 74810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 74810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 St. Paul st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 St. Paul st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Missouri Lilleston

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Robert W. Lilleston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1872

8. AGE: Years	Months	Days	If less than one day
68	6	12 11	hr. min.

9. Birthplace Portsmouth Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Ballentine
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E. Cherry
15. Birthplace Va.

16 (a) Informant Dorothy Millionic
(b) Address 1820 St. Paul st

17 (a) Cremation (b) Date thereof 11-25-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

NOV 25 1940
(Date rec'd by Registrar)

(b) Hunting for Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1940, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940 to Nov 23 1940 and that I last saw h. ~~er~~ alive on Nov 23 1940

Immediate cause of death

	Duration
Chronic Myocarditis	many
Due to	
Due to	
Other Conditions Enlarged Thymus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature L. C. Richardson M.D.
Address 1110 W. 20 St Date signed Nov 24 1940

F 74811

McQuade

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 74811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 Ensor St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Ensor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia W. McQuade

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry W. McQuade

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12. 1857

8. AGE: Years 83 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business at Home

FATHER
12. Name Young
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Waidner
15. Birthplace Germany

16 (a) Informant Mr. Thomas A. Akers
(b) Address 129 Ensor st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E Eager st.

19 (a) Date received by Registrar NOV 25 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21st 1940, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1940, to Nov. 21, 1940, and that I last saw her alive on Nov. 20, 1940.

Immediate cause of death: Cardio-vascular-renal disease — Duration: Unknown

Due to: Arteriosclerosis — Duration: Unknown

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Sybert M. D.
Address 2802 Harford Ave Date signed 11-22-40

F 74812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74812 / 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1391 N. Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1391 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie J. Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Francis C. Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23/1878

8. AGE: Years	Months	Days	If less than one day
61	10	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Wendell Lohnes
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Eisenrodt
15. Birthplace Germany

16 (a) Informant Francis C. Myers
(b) Address 1391 N. Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 25 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Hering Sons
(b) Address 2024 Orleans St.

NOV 25 1940 (Date rec'd by registrar)
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10th 1940 to Nov 21st 1940, and that I last saw her alive on 11/21st 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	11 days
Due to Hypertension	
Due to Chronic Interstitial nephritis	2
Other Conditions Arterial sclerosis	8

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Tankin M. D.
Address 119 N. Milton Ave Date signed 11/24/40

VS 3

CORRECT AGE IS ESPECIALLY IMPORTANT. Physicians, please write plainly.

M. D. B. 1939-0

74813

HEALTH DEPARTMENT—CITY OF BALTIMORE

74813

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Maine Av St. 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Lanier Taylor

(a) Residence: No. 4302 Maine Ave St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Moffett Taylor

6. DATE OF BIRTH (month, day, year) Sept-2-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Virginia

FATHER

13. NAME Lucius L. Lanier

14. BIRTHPLACE (city or town) (State or country) Danville Virginia

MOTHER

15. MAIDEN NAME Margaret A. Saunders

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Mrs. Mary Lanier Taylor (deceased)

(Address) (Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Nov-25 1940

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Avenue

20. FILED Nov 25 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22nd, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1940 to Nov 22nd 1940

I last saw her alive on Nov 22nd 1940 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Cardio Vascular Renal Sclerosis

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia Bilateral

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Noyes M. D.

(Address) 3 of 5 Druid Hill Av

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 74814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 170-c

F 74814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Della M. Doyle

3 (b) If veteran, name war –
3 (c) Social Security Account No. None –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife. Edward W. Doyle
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 1, 1898

8. AGE: Years	Months	Days	If less than one day
42	6	22	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Restaurant Manager
11. Industry or business Owner Restaurant, Elkridge Md

FATHER
12. Name James Hilbert
13. Birthplace

MOTHER
14. Maiden Name Lena Hilbert
15. Birthplace

16 (a) Informant Edward W. Doyle
(b) Address 529 N. 13th. St. Philadelphia, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Phila Pa
Location Phila Pa

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) NOV 25 1940 (Date rec'd by registrar) Huntington Williams Registrar
(b)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23-1940, at 6:18 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy-Inquiry had that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Cerebral Hemorrhage	
Due to Multiple fractures, Lacerations	
abrasions & bruises	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-23-40
(c) Where did injury occur? Howard Co. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Not
(Specify type of place) working for Hire.
(e) Means of injury Struck by automobile, skid coming

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-23-40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 74815 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 N. Washington
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William E. Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Louise Coles
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct 31 1897

8. AGE: Years	Months	Days	If less than one day
53	-	21	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Public School

FATHER
12. Name David W Hooper
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Preston
15. Birthplace Md.

16 (a) Informant Mrs. W. E. Hooper
(b) Address 1624 N. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road.

18 (a) Funeral director H. J. McCurley
(b) Address 130 E. Fort Ave.

19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

NOV 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940, at 7 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 20 1940, to November 22 1940, and that I last saw h alive on November 22 1940.

	Duration
Immediate cause of death: Cardiac decompensation	3 months
Due to: Rheumatic cardio-vascular disease, Pulmonary thrombosis	4 years
Due to: Rheumatic fever	
Other Conditions: Erysipelas, both feet	30 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Rheumatic cardio-vascular disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin R. Ruzecka, M. D.
Address University Hospital Date signed 11/22/40

F 74816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 74816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Reyna Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma O Clayland

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel Clayland
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan 28 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	9	23	✓	✓

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John A. Lentgraft
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Krottle
15. Birthplace Germany

16 (a) Informant Mrs. Mary A. Sawthrop
(b) Address 2839 Reyna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave. Balto Md.

18 (a) Funeral director Mrs Mary Sawthrop
(b) Address 2839 Reyna Ave

19 NOV 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1940, at 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1940 to 11-23 1940 and that I last saw h.L.a. alive on 11-23 1940

Immediate cause of death Hypostatic pneumonia — Duration 24 hrs.
Due to Arteriosclerotic Heart Disease — 1 year
Due to C Decompensation — 2 wks
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Levi Denta M. D.
Address Liggett Date signed 11/27/40

4817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 74817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4916 Queensberry Ave
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Queensberry Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Herman Berman

3 (b) If veteran, name war L

3 (c) Social Security Account No. 213-03-4900

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hetta Berman
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sam Berman
(b) Address 4916 Queensberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/40 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cem Co
Location Pikesville

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E Balto St

19 (a) (Date rec'd by registrar) (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Nov. 1940, and that I last saw h[e] alive on Nov. 24 1940.

Immediate cause of death Arteriosclerotic Heart disease
Coronary Thrombosis — Duration 4 Years 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Rd Date signed Nov 24 / 40

74818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5114 Carlelid ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Samuel Kronberg

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	218-09-8715	Male	W.	Married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Clerk Record office
11. Industry or business

FATHER 12. Name Salomon
13. Birthplace Austria

MOTHER 14. Maiden Name Rachael
15. Birthplace Austria

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Beloir Cemetery
Location Beloir Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St
Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1940, to 11/24 1940, and that I last saw h.m alive on 11/24 1940.

Immediate cause of death	Duration
Heart Failure	
Bronchopneumonia	
Due to Arteriosclerosis C-V-R Dis	
Due to Generalized Arteriosclerosis	
Other Conditions Uremia. Chr Obstruct. of Prost. Bronchopn. - Pulm Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Dilated Heart Enlarged Liver Kidneys Pulm edema

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse N. Borden
Address Sinai Hosp Date signed M. 11 D. 24 1940

85 1940

F 74819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-61-E

F 74819

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 Wilson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Rosa

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	New Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1940

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Leonard Rosa
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lydia Taylor
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-22-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location B C H O

18 (a) Funeral director
(b) Address

19 NOV 25 1940 (Date rec'd by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1940, at 6:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1940, to 11-17 1940, and that I last saw him alive on 11-17 1940.

Immediate cause of death	Duration
Atelectasis	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C C Goodwin M. D.
Address Balt City Hosp Date signed 11-18-40

VS 8

F 74820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74820

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1108 S. Lakewood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1108 S. Lakewood Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Luckhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry Luckhardt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28 - 1889

8. AGE: Years	Months	Days	If less than one day
50	10	20	hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Frederick Marks

13. Birthplace Not Known

MOTHER

14. Maiden Name Not Known

15. Birthplace Not Known

16 (a) Informant Irene Mooney

(b) Address 2700 E Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28/40 (month) (day) (year)

(c) Cemetery or crematory Schwartz's

Location E. Donnell St.

18 (a) Funeral director Tommy G. Miller

(b) Address 2334 Jefferson St.

19 (a) (b) Registrar

NOV 25 1940

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940, at 11 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov. 22 1940, and that I last saw h[illegible] alive on Nov. 22 1940.

Immediate cause of death

Cerebral Hemorrhage Arteriole

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operations

Of autopsy None

Duration
40 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. A. Rosenblatt M. D.

Address 3013 O'Donnell St. Date signed 11/25/40

74821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 74821

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Keyworth Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Keyworth Ave.
(If rural give location)
15 Feb 12
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret V. Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1864

8. AGE: Years	Months	Days	If less than one day
76	6		hr. min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Hood
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Duvall
15. Birthplace Maryland

16 (a) Informant Dr. M. Bowman Hood
(b) Address 2200 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1940 (month) (day) (year)

(c) Cemetery or crematory Prospect Cemetery
Location Govans, Md.

18 (a) Funeral director O. A. Monroe
(b) Address 1005 W. Baltimore St.

19 (a) Nov 23 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. — 1940, to Nov 22 1940, and that I last saw her alive on Nov 21 1940.

Immediate cause of death	Duration
Myocardial insufficiency	4 days.
Due to: General arterio sclerosis + nephritis (chronic)	6 yrs.
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Bowman Hood M. D.
Address 2200 Garrison Blvd Date signed 11/23/40

F 74822

F 74822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3418 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Hudson
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie De Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Chas T De Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1860

8. AGE: Years	Months	Days	If less than one day
80	5	28	hr. min.

9. Birthplace Centreville Md
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Md

MOTHER
14. Maiden Name Fannie
15. Birthplace Md

16 (a) Informant Chas T De Ford
(b) Address 2721 Hudson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1940 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location East North Ave

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 NOV 25 1940 (Date rec'd by registrar) (b) Harrington Wilkinson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23rd 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14th 19 , to Nov 23 1940 and that I last saw h er alive on Nov 23 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg M.D.
Address 5 W Saratoga St Date signed 11/25/40

NOV 25 1940

F 74823

F 74823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 S. Kane St.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 S. Kane St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME JAMES A. JUBB

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Jubb
6 (c) If alive, give age 35? years

7. Birth date of deceased (mo., day, yr.) Jan. 24. 1831

8. AGE: Years	Months	Days	If less than one day
79	8	29	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Paving Dept. Balto. City
11. Industry or business Retired 14 years

FATHER
12. Name James Jubb
13. Birthplace Baltimore

MOTHER
14. Maiden Name ? Boyd
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth Jubb
(b) Address 802 S. Kane St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) (Date received by the Registrar) Nov 25 1940 Huntington Whitaker, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23. 1940 19 2.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1940, to Nov 23 1940, and that I last saw h. alive on Nov 23 1940.

Immediate cause of death	Duration
Carcinoma of Stomach	6 Months
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Peirce M. D.
M. D.
2 Kinship Rd., Dundalk, Md.
Date signed 11-25-40

VE 8

F 74824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74824 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Ellamont Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Ellamont Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1562

3 (a) FULL NAME CHARLES FRANKLIN MICHAEL

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 220-07-9318

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella M. Michael

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1869

8. AGE: Years	Months	Days	If less than one day
71	6	26	hr. min.

9. Birthplace Frederick Co., Maryland
(Town, county, and state)

10. Usual Occupation Carpenter - Retired 2 yrs.

11. Industry or business

FATHER
12. Name Wm. Henry Michael
13. Birthplace Frederick Co., Maryland

MOTHER
14. Maiden Name Jane Elizabeth Speacht
15. Birthplace Frederick Co., Maryland

16 (a) Informant Mrs. Ella M. Michael
(b) Address 1720 Ellamont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) 25 1940 (Delete if not registered) (b) Registrar

Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 19 40 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Nov 24 1940, and that I last saw h alive on Nov 24 1940

Immediate cause of death	Duration
Coronary sclerosis	
Due to Arterio sclerosis	
Due to Arterio sclerotic Cardio - Vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Boyle M. D.
Address 804 S Wolfe St Date signed 11/25/40

74825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 74825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 E. 29th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1901 E. 29th Street
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA SOPHIA FERGUSON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.: Widow

6 (b) Name of husband or wife: James D. Ferguson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1859

8. AGE: Years 81 | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Frederick Luckan
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Ida Ferguson
(b) Address: 3527 Liberty Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues,

19 NOV 25 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1940, at 4:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/7 1940 to 11/23 1940
and that I last saw h[illegible] alive on 11/23 1940

Immediate cause of death
Muscular degeneration of heart — Duration 2 mos
Due to
Due to Bright's disease — Duration 4 mos
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury:

23. Signature: [illegible] M. D.
Address 3901 Fairview Ave. Date signed 11/24/40

F 74826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54-B

F 74826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 W. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry F. Dubner, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1932

8. AGE: Years	Months	Days	If less than one day: hr.	min.
8	3	27		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Henry F. Dubner Sr
13. Birthplace Maryland

MOTHER
14. Maiden Name Elinor R. Moore
15. Birthplace Maryland

16 (a) Informant Henry F. Dubner - father
(b) Address 400 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William J. Dubner - Sons
(b) Address Pratt & Calvert Sts

19 NOV 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Nov. 24 1940, and that I last saw him alive on Nov. 24 1940.

Immediate cause of death	Duration
Toxic myocarditis	1 wk.
Due to Subacute bacterial endocarditis	6-7 mo.
Due to Rheumatic fever	9 mo.
Other Conditions Sulfapyridine, hypersensitivity (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury W. H. Townshend Jr. M.D.
23. Signature Elizabeth [illegible]
Address Univ. Hosp. Date signed Nov. 24 1940 M. D.

VS 3

74827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74827

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 W Lanvale St.
(c) Hospital or institution: 0
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 W Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 years

3 (a) FULL NAME William H. Darrenberger

3 (b) If veteran, name war	3 (c) Social Security Account No.
2	5

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1862

8. AGE: Years	Months	Days	If less than one day
78	9	8	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Darrenberger
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name E. Hanks
15. Birthplace Georgia

16 (a) Informant Annie M. Darrenberger
(b) Address 2826 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore City

18 (a) Funeral director F. B. Hippert & Son
(b) Address 1320 Eutaw Place

NOV 25 1940 (Date received by Registrar) (b) Physician Wm. H. Williams M.D. Address 2901 Edmondson

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 1940, at 7:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Nov 22 1940, and that I last saw him alive on Nov 21 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	10 days
Hemiplegia	
Due to Generalized arteriosclerosis	several years
Due to with arteriosclerotic cardiac renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Williams M D
Address 2901 Edmondson Date signed Nov 25 '40

F 74828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 74828 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County P.G., Prince George's

(c) City or town Hyattsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 Franklin Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Vincent A. Sheehy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1875

8. AGE: Years 65 | Months 10 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER 12. Name Edward Sheehy

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Griffin

15. Birthplace Ireland

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25, 1940 (month) (day) (year)

(c) Cemetery or crematory Washington

Location Mt. Olivet

18 (a) Funeral director [illegible]

(b) Address Washington D.C.

NOV 25 1940 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1940, at 2.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1938, to Nov 25 1940, and that I last saw h.m alive on Nov 24 1940.

Immediate cause of death Left Cerebral hemorrhage. — Duration 5 days.

Due to Hypertension with Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Left Cerebral Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dayman P. Hayes M. D.

Address 33 Jefferson St. (Date signed)

VS 8

F 74829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 74829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1149 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 yrs. years

3 (a) FULL NAME
Frank Adamski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business Unemployed

FATHER
12. Name Stanley Adamski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 11/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Locust Point Cemetery
Location Baltimore City Md.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1323 Light St.

19 (a) Date received NOV 25 1940 Registrar [signature] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1940 to 11-21 1940, and that I last saw him alive on 11-21 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic H.D. disease	?
Due to Hypertension	?
Other Conditions Emphysema	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-25-40

Correct age is especially important. Physicians, please report promptly.

F 74830

F 74830 60211 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-13 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 871 Greenmount Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hughes King

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1885

8. AGE: Years	Months	Days	If less than one day
55	0	16	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John King
13. Birthplace Kentucky

MOTHER
14. Maiden Name Georgia Hughes
15. Birthplace Kentucky

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11-25-40 (month) (day) (year)
(c) Cemetery or Crematory Sacred Heart of Jesus
Location Baltimore, Md. Pulaski Hy. Bet. Butler & Moravia Rds.

18 (a) Funeral director Thos. F. Galvin Inc.
(b) Address 1318 Eutaw St.

19 (a) (Signature of registrar) (b) Thos. F. Galvin Inc. Funeral Directors

NOV 25 1940 VSS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940 at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1940 to 11-20 1940, and that I last saw him alive on 11-20 1940.

Immediate cause of death	Duration
Cardiac failure	1
Pulmonary infection (? pneumonia)	?
Due to	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 11-25-40

F 74831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 74831 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 961 Rosedale st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel K. Younger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-03-2169

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary H. Younger

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 30, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk Mail Room

11. Industry or business Balto Sun Paper.

FATHER
12. Name John H. Younger
13. Birthplace md

MOTHER
14. Maiden Name Sarah E. Gephardt
15. Birthplace md.

16 (a) Informant Mary H. Younger.
(b) Address 961 Rosedale st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mordand Park
Location Taylor Ave

18 (a) Funeral director C. Nonnwitt & Bonvar
(b) Address 3615 17 Christian Ave

NOV 25 1940 (Date rec'd by registrar)

(b) Harriet Tyce Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1940, at 1 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of chest	
Fracture back - Hemorrhage	
Due to Multiple fractures	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/23/40
(c) Where did injury occur? Edmondson Ave & Rosedale st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Standing on Street car Struck by truck

23. Signature W. H. Vandervoort M.D. Medical Examiner.
Date signed 11/23/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

74832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191-a F 74832

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Jefferson St. 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? 5 yrs. ... mos. ... da.

2. FULL NAME Catherine Deane

If U. S. Veteran specify WAR

(a) Residence: No. 2907 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert F Deane

6. DATE OF BIRTH (month, day, year) January 27 1860 Nov 16 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Stearns

(Address) 2907 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/26 19 40

19. UNDERTAKER Leonard Ruck

(Address) 1806 Hollins Rd

NOV 25 1940

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 40 to Nov. 23 19 40

I last saw h... alive on Nov 23 19 40 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Metastasis Regurgitation Rheumatism	20 y.
Aortic Stenosis	23 d.
Myocardial Calcification	23 d.
Other contributory causes of importance:	
Old Tuberculosis Nephritis	73 d.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Stearns M. D.

(Address) 2878 Hartford Rd

STATE CAUSE OF DEATH IN PLAIN LANGUAGE. OCCUPATION is very important. See instructions on back of certificate.

VS 2

74833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 74833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1511 3500 Callaway Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Peter J. Thomson

3 (b) If veteran, name war:

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 22 1887

8. AGE: Years: 53 | Months: 1 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Westminster Md. (Town, county and State)

10. Usual Occupation: Retired Telephone Co.

11. Industry or business:

FATHER
12. Name: Jacob Thomson
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Calvin
15. Birthplace: Md.

16 (a) Informant: J. F. Knode
(b) Address: 3715 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/27/40 (month) (day) (year)

(c) Cemetery or crematory: Westminster
Location: Carroll Co. Md.

18 (a) Funeral director: Chas. E. Sauerhammer Sons Inc.
(b) Address: 4 W. Mt. Royal Ave.

19 (a) NOV 25 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1940, at 2:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1940, to 11-24 1940, and that I last saw him alive on 11-24 1940.

Immediate cause of death: Coronary occlusion
Due to: infarction

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: William R. Trumpbour M. D.
Address: Md. General Hosp. Date signed: 11/26/40

VS 3

Med Exam
74834 ac of Rm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 74834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Fell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Wolykeewicz (WOJTKELEWICZ)

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Helen Wojtkelewicz
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 27-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozgewski
(b) Address 1930 Eastern Ave.

19 NOV 25 1940 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1940, at 12 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h/M. alive on 11-24 1940.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions: pulmonary edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address Johns Hopkins Hosp. Date signed

Howard A. Kelly M. D.
For C. Hos. Helfrich

74835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a V

Registered No. F 74835

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Hanbert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Hanbert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Wisniewski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Stanley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frank Bunkowsk
13. Birthplace Poland

MOTHER
14. Maiden Name Wisnia
15. Birthplace Poland

16 (a) Informant Andy Wisniewski
(b) Address 1114 Hanbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1300 Fleet St

19 (a) NOV 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno B Landenberger M.D. Medical Examiner
Date signed 11/23/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

74836

CERTIFICATE OF DEATH

93-D F 74836

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Sequoia Ave. St.) (15-11 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME MARY BEATY

(a) Residence: No. 3710 SEQUOIA AVE. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced (or) WIFE of JAMES D. BEATY

6. DATE OF BIRTH (month, day, year) OCT. 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) FULTON CO. PA.

FATHER

13. NAME CHRISTOPHER ALLER

14. BIRTHPLACE (city or town) (State or country) FULTON CO. PA.

MOTHER

15. MAIDEN NAME RACHAEL ALLER

16. BIRTHPLACE (city or town) (State or country) PENNA.

17. INFORMANT JAMES C. HANAWALT

(Address) 3710 SEQUOIA AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place HT. UNION, PA. Date NOV. 27 1940

19. UNDERTAKER George J. Smith

(Address) 1909 EUTAW PLACE

20. FILED NOV 25 1940 Huntington Willis Benton, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from NOV 19, 1940, to NOV. 23, 1940.

I last saw her alive on NOV. 23, 1940. Death is said to have occurred on the date stated above, at 10 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Hypertension	1937
Other contributory causes of importance: ARTERIOSCLEROSIS	1930

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Arthur J. Davies, M. D.

(Address) 8004 B 3rd St.

GIVE CAUSES OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 74837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 74837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 S. Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH MARKIEWICZ

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-08-8899

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12-1918

8. AGE: Years	Months	Days	If less than one day
22	9	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Labor
11. Industry or business S. Young. Co

FATHER 12. Name Jos Markiewicz
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Lapinska
15. Birthplace Poland

16 (a) Informant Mary Markiewicz
(b) Address 1112 S Clinton St

17 (a) X Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director John J Duda
(b) Address 2829-Hudson St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1940, at 1 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Evisceration of intestine — Duration
Due to Laceration of right lumbar region
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 24, 1940
(c) Where did injury occur? Boston & Hawkins Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury auto collision another auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-24-40

correct age Especially important. Physicians: please write the causes of death clearly and legibly.

NOV 25 1940

VS 6

F 74838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No. F 74838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Dumont Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Dumont Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Washington

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	5		hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 NOV 25 1940 (Date rec'd by registrar) Huntington Williams Health Officer

8083

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23-1940, at 1:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Gastro-enteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 11-24-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

384788 (74839)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

Registered No. F 74839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State De (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 L. St. S.E. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-04

8. AGE: Years	Months	Days	If less than one day
35	11	24	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation Cement Finisher
11. Industry or business

FATHER
12. Name Handy Johnson
13. Birthplace VA

MOTHER
14. Maiden Name Lillie
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] NOV 25 1940

18 (a) Funeral director
(b) Address

19 (a) NOV 25 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 9.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1940, to Nov 17 1940, and that I last saw him alive on Nov 17 1940.

Immediate cause of death Respiratory failure — Duration 5 mos plus

Due to Cardiac failure

Due to Subacute bacterial endocarditis Staphaureus

Other Conditions Rh heart disease Granuloma inguinal Lues.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Fr Kennefick M.D.
Address J. H. Hosp. Date signed 11/18/40

Commissioner of Health
For H. A. McWilliams, M.D.

6071

74840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 189

Registered No. 74840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution:
124 W. West st
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 W. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME Belle Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M.

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
42			..... hr. ..... min.

9. Birthplace.....
(Town, county, and state)

10. Usual Occupation.....
11. Industry or business

FATHER
12. Name.....
13. Birthplace

MOTHER
14. Maiden Name.....
15. Birthplace

16 (a) Informant.....
(b) Address

17 (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 NOV 25 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar 6062

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1940, at 10:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Starvation by privation — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

over

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?.....
(Specify type of place)
(e) Means of injury.....

23. Signature Wm H Sandefur M.D.
Medical Examiner.

Date signed 11/13/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dimmick St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4829 Winder Midland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leon Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
22?	—	—	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

NOV 25 1940 (Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1940, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1940, to 11-20 1940, and that I last saw him alive on 11-20 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration ?
Due to Generalized arteriosclerosis
Due to
Other Conditions Malnutrition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Warfield M. D.
Address Provident Hospital Date signed 11-20-40

6070

74842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-c F 74842

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 - 24th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IGNATIUS FARKA.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45?			hr. min.

9. Birthplace (Town, county, and state) Unknown

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

NOV 25 1940 Huntington Williams, M.D. 6064

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1940, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to Suicide	
Due to mental despondency	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Nov. 15, 1940
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Revolver

23. Signature H. A. Wollenweber M.D.
Medical Examiner.
Date signed 11-16-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6

Registered No. F 74843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: L.B.P.H.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 379 Hughest
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Finch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	W

6 (b) Name of husband or wife Common Law - Lewis Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34	-		hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 NOV 25 1940 Huntington Williams M.D.
(Date received by Registrar) Registrar

6065

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940 at 7:10 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. S. Landefeld M.D.
Medical Examiner
Date signed 11/18/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Kammer (60149)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1884

8. AGE: Years	Months	Days	If less than one day
56	5	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John

13. Birthplace Germany

MOTHER 14. Maiden Name Cecelia Rhinehardt

15. Birthplace Germany

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation or removal) (b) Date thereof (month) (day) (year)

Interment 11/24/40 St Mathews 12/4/40

Location

UNIVERSITY MEDICAL SCHOOL NOV 25 1940

Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (Date received) NOV 25 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1940, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16, 1940 to Nov. 19, 1940 and that I last saw him alive on Nov. 16, 1940.

Immediate cause of death Pulmonary tuberculosis — Duration July 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dewitt H. Holland M. D.

Address Balto. City Hospitals Date signed 11-19-40

VS 8

6067

74845 JS (COLORED) ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 74845 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 815 S. Hanover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	separated

6 (b) Name of husband or wife Preston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 56			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name John

13. Birthplace Va.

MOTHER

14. Maiden Name Sallie ?

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

NOV 25 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

6068

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.16 1940, at 8 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11.11 1940, to 11.16 1940. and that I last saw her alive on 11.16 1940.

Immediate cause of death Generalized Carcinomatosis - primary site unknown — Duration 4 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry L. Ryder M.D.

Address Balto - Alleghany Date signed 11.19.40

74846 CGK ✓ 60650 F 74846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 Hudson Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Hooker

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Hayward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, (?) 1892

8. AGE: Years	Months	Days	If less than one day
48	?	?	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation On Relief
11. Industry or business

FATHER
12. Name Andrew Bryant
13. Birthplace S.C.

MOTHER
14. Maiden Name Nancy E. Jackson
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

NOV 23 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16- 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4- 1940, to 11-16- 1940, and that I last saw h-r alive on 11-16- 1940.

Immediate cause of death
Uremia
Cardiac failure
Due to Hypertensive C V D
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none done

Duration
?
?
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mowry Lobdell M. D.
Address Balto City Hosp Date signed 11-23-40

6069

2847 1

BALTIMORE CITY HEALTH DEPARTMENT 83-a F 74847

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Guilford Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 82			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Darby Thompson
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Ann O'Neill
15. Birthplace ----- Ireland

16 (a) Informant Darby F. Harman
(b) Address 2919 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd & Augusta Ave

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

19 (a) (Date rec'd by registrar) (b) Timothy for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1940, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1940 to Nov 24 1940, and that I last saw h M alive on Nov 23 1940.

Immediate cause of death Atonic Sclerosis — Duration

Due to Arterial Hemorrhage

Due to Nephritis Chronic Fatal

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F J Kirby M. D.
Address 110 E Northern Date signed 11/25/40

11-25-1940

74848 ✓ F 74848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4329 Falls Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 4329 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Rosa Cattrider Berry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Herbert Berry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2-1877

8. AGE: Years	Months	Days	If less than one day
63	2	22	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edwin Cattrider
13. Birthplace Maryland

MOTHER
14. Maiden Name Dorothie Alguire
15. Birthplace Maryland

16 (a) Informant George Herbert Berry
(b) Address 4329 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Nov 25 1940 (Date filed by registrar) (b) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24. 1940. at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apl 2 1940. to Nov 24 1940, and that I last saw h[illegible] alive Nov Sept 23 1940

Immediate cause of death Carcinoma of breast
Metastasis of lungs
Due to
Due to
Other Conditions Thyroma
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
1936
1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. H. Bishop M. D.
Address 501 Keyser Bldg Date signed 11/25/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Harvey St. 24-2 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Mary Mills

If U.S. Veteran specify WAR ____

(a) Residence: No. 625 Harvey St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Mills

6. DATE OF BIRTH (month, day, year) May 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
67	6	10	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1939 | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo Kelly

(Address) 140 E Battery ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/26/40

UNDERTAKER Thos F Kelly & Sons

(Address) Holbrook Mass

20. Filed 4/25 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 15 1940 to November 22 1940

I last saw her alive on November 22, 1940 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Phthisis Pulmonalis.	not known
Mitral Regurgitation	
Cardiac Hypertrophy, Cardiac Degeneration	
Other contributory causes of importance:	
acute cardiac Dilatation	1 day

Was an operation performed? no Date of ____

For what disease or injury? ____

What test confirmed diagnosis? Physical examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

74850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a ✓ Registered No. F 74850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5608 Govane Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5608 Govane Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel C. Kidd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry A. Kidd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Guilford Howard Co Md (Town, county, and state)
10. Usual Occupation
11. Industry or business House

FATHER
12. Name Andrew Duvall
13. Birthplace Howard County

MOTHER
14. Maiden Name Margaret Taylor
15. Birthplace Howard County

16 (a) Informant Harry A. Kidd
(b) Address 5608 Govane Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/26/40 (month) (day) (year)
(c) Cemetery or crematory Pinkert
Location Govane & Johnson
18 (a) Funeral director J. L. Marshall
(b) Address 2539 Falls Road

19 (a) Date received by Local Registrar NOV 25 1940 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 7:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1939, to November 1940, and that I last saw her alive on November 23 1940.

Immediate cause of death Uremia — Duration 2 days
Due to Chronic Nephritis — Years
Due to Arterio-sclerosis generalized. — Years
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry M. Hansen M. D.
Address 20 E. Preston St. Date signed 11/25/40

74851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 ✓ Registered No. F 74851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1043 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Trust

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Carrie P.

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) aug. 10-1874

8. AGE: Years 66 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Balto, Md (If foreign, give country, and state)

10. Usual Occupation Retired Bath House attendant

11. Industry or business Balto. city

FATHER
12. Name Henry Trust
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle
15. Birthplace Md

16 (a) Informant Mrs. Carrie P. Trust
(b) Address 1043 S. Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Annex Md.

18 (a) Funeral director Margaret F. Flynn
(b) Address 422 Light St.

NOV 25 1940 (Date rec'd by registrar) Huntington Williams Mort.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23/40 19 , at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23/40 19 , to 11/23/40 19 , and that I last saw h alive on 11/23/40 19 .

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 122 S Charles St Date signed 11/25/40

VS 3

F 74852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 74852
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves,
(c) Hospital or institution:
St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Caton & Wilkens Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Mc Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Cleaner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant St. Agnes Hospital
(b) Address Caton & Wilkins Ave.

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** Nov. 26 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Martin Zahn's Sons
(b) Address 1827 W. North Ave.

19 (a) NOV 25 1940 **(b)** Huntington White Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1940, at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions Aortic Stenosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary Thrombosis & Infarction

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brady Smith, M. D.
Address St. Agnes Hospital **Date signed** 11-25-40

F 74853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74853 Registered No. 1646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN BANKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1900

8. AGE: Years 40 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Self.

FATHER
12. Name Abraham Banks
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Donmask
15. Birthplace Maryland

16 (a) Informant Evelyn Cook
(b) Address 927 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem't
Location A.A. County Md.

18 (a) Funeral director Mrs R. A. Elliott Daughty
(b) Address 129 N. Carline St.

NOV 26 1940 (Date rec'd by registrar) Huntingtown Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 6 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Bullet wound of head
Due to: Suicide
Due to: mental dependency
Other Conditions: No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Nov. 24, 1940
(c) Where did injury occur? 1007 N Bond St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Firearm

23. Signature H. R. Wallenmeyer M.D. for Medical Examiner.
Date signed 11-25-40

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 74854 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward L. Torsch

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Elizabeth Douglass Torsch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1851

8. AGE: Years	Months	Days	If less than one day
89	0	20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Manufacturer
11. Industry or business Torch-Francis Co

FATHER
12. Name Henry F. Torsch
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret E. Schaedelmann
15. Birthplace Germany

16 (a) Informant Frederick A. Torsch
(b) Address 3310 Windsor Ave

17 (a) Burial (b) Date thereof 11/26/40
(Burial, ~~cremation or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Baltimore St

19 (a) NOV 26 1940 (b) Huntingdon Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24th 1940, at 7:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 11-24 1940.
and that I last saw ~~him~~ alive on 11/28 1940.

Immediate cause of death General arteriosclerosis and coronal heart failure
Due to Apo.
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Stanley Cole M.D.
Address Loch Raven Rd, Towson 6 Date signed 11/26/40

F 74855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 74855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days): 5 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Balto.
(c) City or town: Essex (If outside city or town limits, write RURAL and give town)
(d) Street No.: Marlyn Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME: Jacob Henry Hartung

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 26, 1873

8. AGE: Years: 67 | Months: 8 | Days: 24 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Musician
11. Industry or business: .....

FATHER
12. Name: August Hartung
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine
15. Birthplace: Switzerland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-40 (day) (year)
(c) Cemetery or crematory [redacted]
Location: Frederick Rd.

18 (a) Funeral director: John B. Connelly
(b) Address: Govt. Hdq. Baltimore, M.D.

NOV 26 1940 (Date received by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20, 1940, at 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19, 1940 to Nov. 20, 1940, and that I last saw him alive on Nov. 19, 1940

	Duration
Immediate cause of death: Myocardial degeneration	
Due to: Coronary thrombosis	2 weeks
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: .....
(b) Date of occurrence: .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury: .....

23. Signature: J. Allman M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 11/20/40

VS 8

4856 HERMAN F 74856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 E. Pratt St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Rachael Herman
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife David
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 58 ? Months Days If less than one day ..... hr. ..... min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Russia
MOTHER 14. Maiden Name Sarah Sauman
MOTHER 15. Birthplace Russia
16 (a) Informant Son
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ahavath Chaim
Location Wash. Blvd.
18 (a) Funeral director Jack Levin
(b) Address 1439 E. Balto st.
NOV 26 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1940, at 12 30 a M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940, to Nov 25 1940, and that I last saw her alive on Nov. 25 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 hour
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Linder M. D.
Address 14 S. Broadway Date signed Nov 26, 40

VS 8

F 74857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N

F 74857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Glenco (If outside city or town limits, write RURAL and give town)
(d) Street No. Glenco - P.O. (If rural give location)
(e) If foreign born, how long in U. S. A.? life. years

3 (a) FULL NAME William Greene Nolting

3 (b) If veteran, name war	3 (c) Social Security Account No.
none.	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie A. Nolting
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 11 - 1866

8. AGE: Years	Months	Days	If less than one day
74	0	13	— hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Architect.
11. Industry or business

FATHER
12. Name Wm. H. Nolting
13. Birthplace Md Richmond Va

MOTHER
14. Maiden Name Virginia Griffin
15. Birthplace Richmond Va

16 (a) Informant Mrs Fannie A. Nolting
(b) Address Glenco - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (U. T. WOOLEN SUC.) 100 W. NORTH AVENUE

19 (a) (Date received by registrar) NOV 26 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1940 at 8:27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1940 to 11/24 1940, and that I last saw h. alive on 11/24 1940.

Immediate cause of death	Duration
Cerebral Hemmhage	6 days
Due to Essential Hypertension	yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James B. Nuttall M.D.
Address University Hospital Date signed 11/27/40

F 74858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 74858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ha
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dia
(e) Length of stay in Baltimore (yrs., mos., or days) Life —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 E Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

24

3 (a) FULL NAME GEORGE H. VETTERS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 091-03-5201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Hattie B. Vetters (Deceased)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 7, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	18	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Night Watchman in

11. Industry or business Redmon-Vane Shipyard

FATHER
12. Name Phillip H. Vetters
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant Mrs. Mary E. Riggin (Daughter)
(b) Address 420 E. Cross St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director A. J. Lulland & Sons
(b) Address 1400-02 S. Charles St.

19 NOV 26 1940 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1940 at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage, pericardial	
Due to Ruptured coronary artery, spontaneous	
Due to	
Other Conditions nil	

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 11-25-40

VS 6

Correct age is especially important. Physicians, please write the names of causes of death legibly, and spell correctly.

74859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 74859

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Allard

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Edward D. Allard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1865

8. AGE: Years	Months	Days	If less than one day
74	11	24	hr. min.

9. Birthplace St. Michaels Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Sylvester
13. Birthplace St. Michaels Md

MOTHER
14. Maiden Name Mary E. Stokes
15. Birthplace St. Michaels Md

16 (a) Informant Edward N. Allard
(b) Address 1511 N. Broadway

17 (a) Burial (b) Date thereof 11 25 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine cemetery
Location Windsor Mill Road

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road

19 (a) Date rec'd by registrar Nov 28 1940 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 19 at 10 30/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1940 to Nov 25 1940 and that I last saw her alive on Nov 24 1940.

Immediate cause of death	Duration
Broncho Pneumonia	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 11 M. 26 D. 40

F 74860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Percy Mears (60743)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Victoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Percy Mears
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Tyler
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location

18 (a) Funeral director R. J. Lilliston, Inc.
(b) Address 222 N. Howard St.

(a) Huntington Williams, M.D. (b) Registrar

NOV 26 1940 (Date Received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1940, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Novemb. 7 1940 to Nov. 20, 1940, and that I last saw him alive on Nov. 20, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 1 month

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address Balto. City Hospital Date signed 11-20-40

74861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90-B

F 74861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 S Caroline Street
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline Peoples

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-67-7536

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Olivia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1905

8. AGE: Years 35 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Tannery

11. Industry or business

FATHER
12. Name David
13. Birthplace S. C.

MOTHER
14. Maiden Name Eliz. Charles
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory
Location Rocky Mount, N. C.

18 (a) Funeral director Joseph V. Lackey
(b) Address 1304 N. Central Ave

19 NOV 29 1940 (Date received by Registrar) (b) Hunter H. Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1940, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1940 to 11-24 1940, and that I last saw h[illegible] alive on 11-24 1940.

Immediate cause of death: Post Operative Shock — Duration: Hours

Due to: Pericardestomy — Duration: 4 hrs.

Due to: Constrictive Pericarditis — Duration: 9 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Constrictive Pericarditis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto. City Hosp. Date signed 11-30-40

VS 2

F 74862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74862 Registered No. 94-w

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address In front 7 3212
(c) Hospital or institution: Sinai Boulevard-sidewalk
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Leah Rosenheim

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1870

8. AGE: Years	Months	Days	If less than one day
70	9	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Balto. Hebrew Cemetery

FATHER
12. Name Getz Rosenheim,
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Frank
15. Birthplace Germany

16 (a) Informant Mr. S. Rosenheim,
(b) Address Cathedral Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Maryland

18 (a) Funeral director David Rosenheim & Son
(b) Address 1902 Eutaw Place.

19 (a) NOV 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1940 at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 11/26/40

74863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 74863

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Cryyle Ave. St., 17 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William Block

If U. S. Veteran specify WAR _____

(a) Residence: No. 1006 Cryyle Ave St., _____ Ward 8218-09-8635

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced RUSBAND of (or) WIFE of Mamie Block

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month, day, year) May 1 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Block

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mamie Block

(Address) 1006 Cryyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11-28 1940

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave.

20. FILED _____ 19___ _____ Registrar.

NOV 26 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1940 to Nov 25 1940

I last saw him alive on Nov 25 1940 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Nov 25 1940
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___ 19___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify —

(Signed) R. Garland Schmidt M. D.

(Address) 1534 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 74864

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-V

61088 F 74864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 China St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Shorter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown Est 1855

8. AGE: Years	Months	Days	If less than one day
52 70	?4	?9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation W P A

11. Industry or business

FATHER
12. Name Unknown William Shorter.
13. Birthplace Unknown Md.

MOTHER
14. Maiden Name Unknown Martha Berry.
15. Birthplace Md. Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah T. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

NOV 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25-1940, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19-1940, to 11-25-1940, and that I last saw ~~him~~ alive on 11-25-1940.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	?
Due to Gen. A-S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subarach. Hemorrh.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 11-26-40

74865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74865

Also born at 1190a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Ann Barnes

If U. S. Veteran specify WAR

(a) Residence: No. Wampler's Rd. Middle River Ward (Usual place of abode)

(If non-resident give city or town and State)

(Birth F 18693)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV. 7, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Eugene Barnes

14. BIRTHPLACE (city or town) Marion (State or country) Virginia

MOTHER

15. MAIDEN NAME Helen Courtney

16. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

17. INFORMANT Helen Barnes

(Address) Wampler's Road Middle River

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 26 1940

Commissioner of Health

19. UNDERTAKER

(Address)

Per H. A. Moore

20. FILED NOV 26 1940 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1940 to November 24, 1940

I last saw her alive on November 24, 1940 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Terminal Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Lytze M. D.

(Address) Volunteers of America Hosp.

OCCUPATION is very important. See instructions on back of certificate.

6077

74866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-~~2~~ F 74866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6032 Carter Ave (If rural give location)
If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Bernard Lebuchey (F 19186 - Birth #)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Effin Lebuchey
13. Birthplace Russia

MOTHER
14. Maiden Name Elsie Heidrick
15. Birthplace Germany

16 (a) Informant Effin Lebuchey
(b) Address 6032 Calvert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (month) (day) (year)
(c) Cemetery or crematory Rockwood
Location Baltimore Md

18 (a) Funeral director Leonard Kuck
(b) Address 5305 Harford Rd

NOV 26 1940 (Date rec'd by Registrar) (Undertaker) for Williamson & D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 12 2/3 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940, to Nov 26 1940 and that I last saw h. alive on Nov 25 1940.

Immediate cause of death	Duration
Respiratory Failure	1 day
Due to Intracranial Hemorrhage	3 days
Due to Prematurity	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Thompson M.D.
Address Medical Arts Bldg Date signed 11/26/40

VS 3

F 74867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Griffis Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Seder

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	~~Single~~ Widowed

6 (b) Name of husband ~~or wife~~ Mathew Seder
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 1873

8. AGE: Years	Months	Days	If less than one day
67	7	24	— hr. — min.

9. Birthplace Alsace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 4 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd Balto Md

18 (a) Funeral director J. William Aschenbach
(b) Address 637 Washington Blvd
(c) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Nov 24 1940, and that I last saw her alive on Nov 24 1940.

Immediate cause of death	Duration
Coronary Occlusion	
Myocardial failure	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. H. Billingsley M. D.
Address J. H. Hospital Date signed 11-24-40

74868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 168

Registered No. E 74868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 N. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SYLVESTER HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. [illegible] 4640

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 25 | Months | Days | If less than one day hr. min.

9. Birthplace Vance Co.-Henderson N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wesley Harris
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lizzie Love
15. Birthplace North Carolina

16 (a) Informant Alexander Harris
(b) Address North Carolina.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery or crematory Henderson, N.C.
Location North Carolina

18 (a) Funeral director Thomas L. Kelso
(b) Address 1303 Presstman Street.

19 (a) Date received NOV 26 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1940 at 4 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to blunt force	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Nov. 24, 1940
(c) Where did injury occur? in front of 3717 Lees St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work?
(Specify type of place)
(e) Means of injury fist fight & quarrel

23. Signature John L. Wollenweber M.D.
Medical Examiner.
Date signed 11-25-40

correct age is especially important. Physicians, please write the cause of death very carefully.

74869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 74869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Ashburn Ave (If rural give location) ASHBURTON
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Michael Arnetta

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** married

6 (b) Name of husband or wife Jennie Arnetta **6 (c) If alive, give age** years

7. Birth date of deceased (mo., day, yr.) June 1875

8. AGE: Years 64 65 + **Months** 5 **Days** 6 **If less than one day** hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Barber Shop

FATHER
12. Name Frank Arnetta
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa ~~Gherardi~~ Guerra
15. Birthplace Italy

16 (a) Informant ~~Parents~~ Jennie Arnetta
(b) Address ~~1015 Hollins~~ 1315 Hollins

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov. 27-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 NOV 26 1940 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940 at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Nov. 24 1940 and that I last saw h~~im~~ alive on Nov 24 1940.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Kleinfelter Jr. M. D.

Address J. H. Hosp **Date signed** 11/24

VS 2

74870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120B Registered No. E 74870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Towson St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Towson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Burk

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no.	220-05-1318	M	W.	M

6 (b) Name of husband or wife Dora Burk
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 27th 1899

8. AGE: Years	Months	Days	If less than one day
41	5	2	29 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Ship Fitter
11. Industry or business Spedden's Ship Yd.

FATHER
12. Name Charles J. Burk.
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Wandell
15. Birthplace Md.

16 (a) Informant Dora Burk
(b) Address 1304 Towson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 1940 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Balto.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) Filed NOV 26 1940 (Signature of registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1940, at 1250 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1940 to 11-25 1940, and that I last saw h.i.m alive on 12:50 P.M. 1940.

Immediate cause of death Pneumonia — Duration 5 days
Due to Peritonitis
Due to Rupture of ulcer of intestine (Typhoid?)
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Several ulcers of small intestine; one ruptured
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Zalis M. D.
Address Franklin Square Hosp. Date signed 11-25-40

(Over)

74871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 74871

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Norwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis L. Mooney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Connie R. Mooney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1870

8. AGE: Years 70 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation attorney at Law

11. Industry or business

FATHER 12. Name Michael E. Mooney
13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah A. Cunningham
15. Birthplace Md.

16 (a) Informant Paul R. Mooney
(b) Address 512 Norwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director Frederick G. Colgan
(b) Address 200 W Lombard St.

19 NOV 26 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24-9 1940 to 11-25 1940, and that I last saw h.im alive on 11-25 1940.

Immediate cause of death: Coronary Thromboses — Duration: 24 hrs.

Due to Arteriosclerotic — Hypertensive Cardio-Vascular Disease — Duration: 10 yrs.

Other Conditions: Carcinoma of Stomach?
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Kriegh M.D.
Address Bon Secours Hosp. Date signed 11-25-40 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 74872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 N. Hilton
(Use descriptive location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Dora Rable

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	3	hr. min.

9. Birthplace Bolkens, Ohio
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Simon Rable
13. Birthplace Austria

MOTHER
14. Maiden Name Barbara Becker
15. Birthplace Austria

16 (a) Informant Mrs Winifred Baldinger
(b) Address 3306 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Wheeling, W. Va.

18 (a) Funeral director Frederick L. Cole
(b) Address 2100 W. Lombard St

19 NOV 26 1940 (Date rec'd by registrar) Huntington Williams, Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1940, at 12.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20-1919, to 11-24-1940, and that I last saw her alive on 11-24 1940.

Immediate cause of death Cancer of breast, due to hemorrhage from
Due to metastasis to stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple metastasis

Duration
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James R. Dwyer M. D.
Address St. Agnes Hosp. Date signed 11/24/40

74873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

F 74873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Geo.
(c) City or town Baltimore County (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Valentine Kaiser

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
M	W	

6 (b) Name of husband or wife Edith Kaiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1. 29 96

8. AGE: Years	Months	Days	If less than one day
64	9	27	hr. min.

9. Birthplace Md. (City, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Valentine Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Carrick
15. Birthplace Ireland

16 (a) Informant Hilda Kaiser
(b) Address Laurel Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 27 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Hill
Location Laurel Md

18 (a) Funeral director Floyd Kaiser
(b) Address Laurel Md

NOV 26 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26/40 19 to 11/26/40 19 and that I last saw h[illegible] alive on 11/26/40 19

Immediate cause of death Cerebral hemorrhage — Duration 14 hrs.

Due to Hypertension C.V. Disease

Due to

Other Conditions Old hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Brown
Address University Hospital Date signed 11/26

VS 3

74874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

Registered No. 74874

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2601 Talbot Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Talbot Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Webb Prout

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late J. Hamilton Prout
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1874.

8. AGE: Years	Months	Days	If less than one day
66	6	2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Hamilton G. Webb
13. Birthplace Md.

MOTHER
14. Maiden Name Plummer
15. Birthplace Md.

16 (a) Informant Mrs. Josephine P. York (Daughter)
(b) Address 2601 Talbot Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27/40. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Harry A Mutzfeldt
(b) Address 4101 Edmondson Ave.

NOV 26 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1937, to Nov 25 1940
and that I last saw her alive on Nov 25 1940.

Immediate cause of death: Myocarditis — Duration 3y 6m

Due to: Arteriosclerosis — ?

Due to: Cirrhosis of Liver — ? over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Wetherbee Fort M. D.
Address 20 E. Preston St Date signed 11/26/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 3

74875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 — Registered No. 74875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Englewood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie E. Crist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife Jos. Wm. Crist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	11	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hemitz
13. Birthplace Germany

MOTHER
14. Maiden Name Kessler
15. Birthplace Germany

16 (a) Informant Miss Nellie L. Crist
(b) Address 14 Englewood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 | 28 | 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 2801 Frederick Rd

18 (a) Funeral director Harry A. Wittle
(b) Address 4101 Edmondson Ave

NOV 26 1940 (Date received by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1940 at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 27 1940 to November 25 1940 and that I last saw h[illegible] alive on November 25 1940

Immediate cause of death
Respiratory Failure
Due to
Chronic Pulmonary Fibrosis
Due to
Other Conditions significant Hypertrophy & Interventricular Septal Defect Pressure Hemorrhage in Cerebrum
(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/25/40
(c) Where did injury occur? 14 Englewood Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Slipped & fell in Home

23. Signature Huntington Williams M.D.
Address Mercy Hospital Date signed 11/28/40

74876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 74876 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 526 S. Chapelgate Lane

(c) Hospital or institution: Summit Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo's

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ----

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 526 S. Chapelgate Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME MARY A. GAFFEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1859

8. AGE: Years	Months	Days	If less than one day
81	1	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael Gaffey

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Watson

15. Birthplace Ireland

16 (a) Informant Sergt. William Gaffey

(b) Address 2906 Louise Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 28 40 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location

18 (a) Funeral director Chas. J. Fraser Funeral Dirs.

(b) Address 118 W. Mt. Royal Ave

19 NOV 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940, to Nov. 26 1940, and that I last saw her alive on Nov. 25 1940.

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Futterman M. D.

Address 2324 Reisterstown Rd. Date signed 11/26/40

74877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E ✓ Registered No. E 74877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Paca st, house
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vinson Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/25/40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Wise
13. Birthplace So. Carolina

MOTHER
14. Maiden Name Rebecca Tolen
15. Birthplace So Carolina

16 (a) Informant William Wise
(b) Address 607 N Paca st

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(Name of cemetery) UNIVERSITY MEDICAL SCHOOL NOV 26 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Inc.

19 (a) NOV 26 1940 (Date rec'd by registrar) (b) 60279 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) i.e. find that said deceased came to (his) death on the day stated above.

Immediate cause of death	Duration
Congenital heart disease & patent foramen ovale	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Vandegrift M.D. Medical Examiner
Date signed 11/26/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 6

74878

TOBOKOF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Collard Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 N Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Tobokof

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation
11. Industry or business Home Work.

FATHER
12. Name Benj Pozinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russian

16 (a) Informant Joseph Tobokof
(b) Address 1645 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27/40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

NOV 26 1940 (Date filed) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1940 at 8.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940 to 11-26 1940
and that I last saw her alive on 11-26 1940

Immediate cause of death	Duration
Coronary occlusion	36 hours
Due to Coronary arteriosclerosis	15 years
Due to Arterioscler. C-V Disease	15 years
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Abner Willen M. D.
Address Sinai Hospital Date signed 11-26-40

VS 8

74879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 74879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Alto Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Alto Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Glatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1872

8. AGE: Years	Months	Days	If less than one day
68	7 6	2 9	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Joseph Schereff
13. Birthplace Russia

MOTHER
14. Maiden Name Toba ?
15. Birthplace Russia

16 (a) Informant Morris Glatt
(b) Address 3411 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) NOV 26 1940 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

12.30

20. DATE OF DEATH November 25 1940, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/40 19 to 11/25/40 19, and that I last saw h[illegible] alive on 11/25 1940.

Immediate cause of death	Duration
Chr. nephritis	8 mos +
Diabetes mellitus	10 yrs
Due to arteriosclerosis	?
Due to	
Other Conditions Cardiac hypertrophy hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Preston B. Lush
Address 2904 Riverside Dr. Date signed 11/25/40

VS 8

74880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 74880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Penna. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Otillie E. L. Dettman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	widowed

6 (b) Name of husband or wife Frederick T. Dettman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 7-1871

8. AGE: Years	Months	Days	If less than one day
69		17	16 hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business At Home

FATHER
12. Name August Lambach.
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Schiba.
15. Birthplace Germany

16 (a) Informant Mrs. Thekla Bunting.
(b) Address 1213 Oakhurst Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-27-40 (mo.) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balt. Md.

18 (a) Funeral director Geo. H. Zepp & Son
(b) Address 1420 W. Lexington St.

19 (a) NOV 26 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1940, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1940, to Nov. 23 1940, and that I last saw [illegible] alive on Nov. 22 1940

Immediate cause of death	Duration
Due to Diabetes Mellitus	1938
Due to Ch. Myocarditis	1938
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Dorsey, M.D.
Address 1631 N. Mount St. Date signed 11/25/40

correct age is especially important. Physician: please write the cause of death clearly and legibly.

VS 3

74881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 74881

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: West Balto Gen. Hospt

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 14

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Balto. Rosemont (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Alabama ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerry McEwinak LEMBACH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) ~~Single, married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19-1937

8. AGE: Years 3 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER 12. Name Geo Lembach Jr

13. Birthplace Balto Md

MOTHER 14. Maiden Name LaVerne Elliott

15. Birthplace Balto Md.

16 (a) Informant Geo Lembach Jr

(b) Address Alabama ave. 11/28

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Fred Ave.

18 (a) Funeral director Geo H. Lembach

(b) Address 1-25 N Eutaw St.

19 NOV 26 1940 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1940 to Nov 26 1940, and that I last saw him alive on Nov 26 1940.

Immediate cause of death tuberculous Meningitis — Duration 3 wks

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Leonard Wallenstein M. D.

Address 1025 St Date signed 11/26/40

correct age is especially important. Physicians: please write plainly. Use ink. Do not use pencil. Every item must be answered or satisfactorily explained.

VS 3

74882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 74882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Lakeview Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Lakeview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

12-1

3 (a) FULL NAME Bettie M. Hecht

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Meyer S. Hecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1858

8. AGE: Years	Months	Days	If less than one day
82	7	28?	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Elias Myers
13. Birthplace Germany

MOTHER
14. Maiden Name Henriett Nichols
15. Birthplace Germany

16 (a) Informant Mr. Seymour H. Hecht
(b) Address 2431 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28/40 (month) (day) (year)
(c) Cemetery or crematory Har Sinai Cemetery
Location Pikesville

18 (a) Funeral director J. Ahern & Co
(b) Address 2431 Eastern Ave.

19 (a) Date received by registrar Huntington Williams, M.D.

NOV 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940 at 3 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Nov 26 1940
and that I last saw her alive on Nov 26 1940.

Immediate cause of death Myocardial Disease Arteriosclerosis — Duration 6 Mo

Due to —

Due to —

Other Conditions Chronic Cystitis — 6 Mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. Irvin Pincoffs
Address Temple Corey & Pincoffs Date signed Nov 26, 1940

Dr Scagnetti

74883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74883 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2406 Brohawn Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3008 Harlem Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Violet B Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Donald J Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1888

8. AGE: Years	Months	Days	If less than one day
52	9	10	hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name George Burkhart

13. Birthplace Penna

MOTHER

14. Maiden Name Lucetta Purnell

15. Birthplace Penna

16 (a) Informant Mrs Eleanor Price

(b) Address 2330 W Fayette st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director George A Furbay

(b) Address Fulton Ave & Fayette

19 (a) (Undertaker or Embalmer) (b) (Registrar) Huntington Williams, M.D.

NOV 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to Nov 24 1940, and that I last saw h[illegible] alive on Nov 24 1940.

	Duration
Immediate cause of death: Cerebral Hemhorrage	2 hrs.
Due to: Hypertension Cardio-Vascular Disease.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Albert Scagnetti M. D.

Address 1724 W. Lombard St Date signed Nov 26 40

Correct any discrepancy in these entries before signing. Typewriting or printing preferred.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 74884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3332 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Durin

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Osborne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Catherine M Fiocetta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Dino Fiocetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	10	1		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Italy

MOTHER
14. Maiden Name Not Known
15. Birthplace Italy

16 (a) Informant Eugene Ciozza
(b) Address 21 Wyncrest Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-40 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Bel Air Md

18 (a) Funeral director George A Fahey
(b) Address Catonsville Md

NOV 26 1940 (Date rec'd by registrar)

(b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1936, to Nov 25 1940, and that I last saw h[illegible] alive on Nov. 25 1940

Cause of death	Duration
Immediate cause of death: Hypertensive Cardio-vascular disease	10 yrs.
Due to:	
Due to:	
Other Conditions: Asthma Bronchial	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony Ciozza M. D.
Address 5217 York Rd Date signed 11-26-40

VS 8

· correct age is especially important. · physicians: please write the cause of death clearly, using language

74885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 74885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 Wilmington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Wilmington (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Louise Meyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Otto C. Meyer
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	3	5		

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER | FATHER
12. Name Antone Ullmann
13. Birthplace Austria
14. Maiden Name Pauline Kragel
15. Birthplace Austria

16 (a) Informant Otto Meyer
(b) Address 912 Wilmington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Balto. Maryland

18 (a) Funeral director Margaret B. Flynn
(b) Address 1422 Light Street

19 (a) Date received NOV 27 1940 (b) Registrar Huntington W. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940 to Nov 26 1940 and that I last saw him alive on Nov 25 1940 (11/25/40)

Immediate cause of death Carcinoma Cardiac end of Stomach. — Duration

Due to —

Due to —

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John A. Scheurich
Address 1337 S. Charles Date signed 11/26/40 M.D.

VS 3

SCHEURICH

F 74886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74886
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1233 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 S. Clinton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred B. Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1939

8. AGE: Years	Months	Days	If less than one day
1		23	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jesse A. Bailey
13. Birthplace Ransonville N.C.

MOTHER
14. Maiden Name Emma Long
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 1233 S. Clinton St.

17 (a) Burial (b) Date thereof Nov. 28, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 NOV 27 1940 (b) Huntingtown, Williamsport, Md.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25/40 19 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Nov 25 1940 and that I last saw h alive on Nov 24 1940

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Reichard M. D.
Address 201 N. Paul Date signed 11/27/40

correct age is especially important. If uncertain, please write "about" before age. Please write plainly. Use ink.

F 74887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C

F 74887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Walstrum

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lena Talkemerer
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) March 3, 1902

8. AGE: Years	Months	Days	If less than one day
38	8	21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Police Pensioned
11. Industry or business Baltimore City

FATHER
12. Name William H. Walstrum
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bertha Meyer
15. Birthplace Germany

16 (a) Informant Lena Walstrum
(b) Address 1011 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Catarina P. Hoffman
(b) Address 1639 N. Broadway.

NOV 27 1940 (b) Huntingtown, Md.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24, 1940 19 at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12/40 19 to 11/24 1940 and that I last saw him alive on 11/24 1940.

Immediate cause of death
Cerebral Thrombosis Rt Hemiplegia — Duration 3 days
Due to Auricular Fibrillation — 4yr?
Myocardial Degeneration — ?
Due to Rheumatic Carditis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David E. Bogorad M.D. M. D.
Address 1905 N. Bakto St. Date signed 11/25/40

F 74888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1167

Registered No. F 74888

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 Sharp st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Shoates (Phoats).

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Madgie Shoats

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER 12. Name Walter Shoats

13. Birthplace N. C.

MOTHER 14. Maiden Name Julia Kiffcard

15. Birthplace N. C.

16 (a) Informant Madgie Shoats

(b) Address 914 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a. a. co. md

18 (a) Funeral director James Adams

(b) Address [illegible]

NOV 27 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of aorta

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11/22/40
(c) Where did injury occur Locust Point + Fremont (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pocket knife - stabbing

23. Signature H. B. Wanderstock M.D. Medical Examiner.

Date signed 11/23/40

VS 6

Cancer age is especially important. Physicians: please write the cause of death clearly and legibly.

74889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. E 74889

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Maryland Emerg Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Hubble Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFONSO WEBSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 25 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 NOV 27 1940 Huntington Williams M.D. 5956

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1940 at 6 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Bullet wound of chest	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 11-15-40
(c) Where did injury occur? 923 Hubble Court
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury? H. L. Wollenweber, M.D.
23. Signature Shot with revolver in altercation Medical Examiner.
Date signed 11-16-40

VS 6

F 74890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170-C

F 74890 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. of M. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Raspeburg (If outside city or town limits, write RURAL and name town)
(d) Street No. 5 Philadelphia Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mildred Jubb

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-6737

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George C. Jubb
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1918

8. AGE: Years	Months	Days	If less than one day
21	11	0	... hr. ... min.

9. Birthplace Baltimore, Co., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Distillery Co.

FATHER
12. Name Frank Myers
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Louise Mohr
15. Birthplace Balto. Co., Md.

16 (a) Informant Mr. Mohr.
(b) Address Raspburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Zion Luth. Cenetery
Location Stemmers Run, Maryland

18 (a) Funeral director Loraine Funeral Home
(b) Address 7401 Belair Road

19 (a) (Signature) Herbert Livingston Williamsport, Md.

NOV 27 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1940 at 5-10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture, cervical vertebra

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-25-40 Date exact
(c) Where did injury occur? Philadelphia Road (City or town) Baltimore (County) Maryland (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Auto car passenger - struck pole Exact

23. Signature H. B. Vandegrift M.D.
Medical Examiner.
Date signed 11-26-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 74891 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 S. Callington ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Rebecca Matcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 76 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Samuel Jr. Gentz
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Gentz
15. Birthplace Russia

16 (a) Informant Henry Matcher
(b) Address 103 S. Callington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Gehzuda Emeth
Location Randdale

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St

NOV 27 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 24 1940 to 11/26/40 1940, and that I last saw her alive on 11/26/40 1940.

Immediate cause of death Bronchopneumonia — Duration

Due to Cerebral accident — over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jane M. Borden M. D.
Address Sinai Hospital Date signed 11/27/40

VS 3

74892 X F 74892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Blenfield (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Anna Fowman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 - 1887

8. AGE: Years	Months	Days	If less than one day
53	4	11	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Rooming Lady
11. Industry or business

FATHER
12. Name Jacob Fowman
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah —
15. Birthplace Poland

16 (a) Informant Jerome Weinberg
(b) Address 3619 Hanlon Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-40 (month) (day) (year)
(c) Cemetery or crematory
Location Bluefield, W. Va.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Baltimore St.

19 (a) NOV 27 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27-1940, at 8:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Warden M.D. Medical Examiner.
Date signed 11-27-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74893 F 74893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 842 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frank Owen Jennings (Frank David Jennings)

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 214-18-3728

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Helen Jennings — 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 4 - 1874

8. AGE: Years	Months	Days	If less than one day
66	4	22	..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Steward - Md. Deaf Boys
11. Industry or business Orchard Food

FATHER
12. Name Patrick Jennings
13. Birthplace Unknown

MOTHER
14. Maiden Name Helen Mooney
15. Birthplace Unknown

16 (a) Informant Irma Jennings Cross
(b) Address Irvington Heights Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (c) NOV 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 26 - 1940, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection of Body (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection of Body (Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Howard J. Maddux M.D.
Medical Examiner.
Date signed 11 - 26 - 40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 74894

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 734 Whitmore Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 734 Whitmore Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH BUCY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Gilbert R. Bucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1859

8. AGE: Years	Months	Days	If less than one day
81	4	23	hr. min.

9. Birthplace Sandy Hook, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Higgins
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Slavin
15. Birthplace West Virginia

16 (a) Informant Mrs. Marie Malone
(b) Address 734 Whitmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

NOV 27 1940 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1940, at 3:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939, to Nov 25 1940, and that I last saw h-r alive on Nov 24 1940

Immediate cause of death
Myocarditis
Due to Arteriosclerosis and Hypertension
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
6 mo
?
?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Burkett M. D.
Address 2220 Garrison Blvd Date signed Nov 27/40

VS 8

F 74895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 74895 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Sarahanne St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND RAISINE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1758

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1915

8. AGE: Years	Months	Days	If less than one day
25	9	22	hr. min.

9. Birthplace Locust Grove Kent Co Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Raisin

13. Birthplace Burlington, N. J.

MOTHER 14. Maiden Name Blanche Waters

15. Birthplace Kent Co Md

16 (a) Informant Blanche Raisin

(b) Address 910 Sarah Ann St

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov 28, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St.

19 (a) NOV 27 1940 (b) Huntingtown Williams, Md

(Local registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25th 1940, at 7 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death

Acute pulmonary pericarditis.

Due to Stab wound of chest.

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Nov. 22, 1940
(c) Where did injury occur? 315 E Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Saloon While at work? No (Specify type of place)
(e) Means of injury stabbed during argument

23. Signature H. L. Wolfenbarger M.D. (Medical Examiner)

Date signed 11-25-40 Police Surgeon

F 74896

BALTIMORE CITY HEALTH DEPARTMENT 43

DH CERTIFICATE OF DEATH

Registered No. F 74896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Barnard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1906

8. AGE: Years	Months	Days	If less than one day
33 34	11	6	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Ernest
13. Birthplace N. C.

MOTHER
14. Maiden Name Katie Dozen
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29th (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Broadmead md

18 (a) Funeral director Elroy G Wilson
(b) Address 1000 Broadway

19 (a) NOV 27 1940 (Date rec'd by registrar) (b) Huntington Pettigrew, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25-1940 at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19-1940 to 11-25-1940, and that I last saw him alive on 11-25-1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Mycosis Fungoides	2-3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Mycosis Fungoides

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury?

23. Signature Thomas Hale Hamilton M. D.
Address Balto City Hosp. Date signed 11-25-40

F 74897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170-w

Registered No. F 74897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. 42 Shipway Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROGER HORNSBY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-3411

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mildred Hornsby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1907

8. AGE: Years	Months	Days	If less than one day
33	9	13	hr. min.

9. Birthplace Oklahoma (Town, county, and state)
10. Usual Occupation Iron worker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mildred Hornsby
(b) Address 42 Shipway Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co.

18 (a) Funeral director Allen W. Dempsey
(b) Address 440 E North Ave

19 (a) (Registrar) (b) Huntington Williams, M.D.

NOV 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1940, at 7 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage Rupture of mesenteric vessel.	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence November 24 1940 7:30
(c) Where did injury occur? Baltimore and Glenwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury struck by train

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 11-25-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 74898 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6108 Maywood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6108 Maywood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Evelyn F. Oliver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Joseph Oliver
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1881

8. AGE: Years	Months	Days	If less than one day
59	1 -	28	hr. min.

9. Birthplace Dryden, N. Y. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name George E. Goodrich
13. Birthplace N. Y. State

MOTHER
14. Maiden Name Grace Griswold
15. Birthplace N. Y. State

16 (a) Informant Joseph Oliver
(b) Address 6108 Maywood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

NOV 27 1940 (Date rec'd by registrar)

(b) Huntington Wilkinson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-1940, at 5:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death
Coronary Occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Kelly M.D.
Medical Examiner.
Date signed 11-26-40

V8 6

F 74899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 74899

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4005 Woodhaven Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Woodhaven Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1549

3 (a) FULL NAME Eleanor M. VanMeter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1878

8. AGE: Years	Months	Days	If less than one day
62	2	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none, house duties
11. Industry or business

FATHER
12. Name Regin Beall VanMeter
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Elizabeth Williams
15. Birthplace W. Va.

16 (a) Informant Katharine S. VanMeter
(b) Address 4005 Woodhaven Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Loudon Park
Location 3801 Frederick Ave., Balto., Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (b) Huntington Wil (Registrar)
Date 1940 (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1940, at 3: P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 1940, to Nov. 26, 1940, and that I last saw her alive on Nov. 26, 1940.

Immediate cause of death Coronary Thrombosis — Duration 36 hours
Due to
Due to
Other Conditions Arterio-Sclerosis with Hypertension — 5 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice L. Shamer M. D.
Address 3300 W. North Ave. Date signed

F 74900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 74900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Jennie Jackson
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Belamont Hotel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie W. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 1866

8. AGE: Years	Months	Days	If less than one day
74	2	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Morris Weil
13. Birthplace Germany

MOTHER
14. Maiden Name Bertie Hamp
15. Birthplace Germany

16 (a) Informant Miss D. Wolfe
(b) Address Marlborough St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/27/40 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Fort Lincoln
Location ~~Baltimore~~ Md.

18 (a) Funeral director David Schaefer
(b) Address 1902 Eutaw Place

Nov 27 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940, to 11-27 1940, and that I last saw h[illegible] alive on 11-27 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Arterio sclerosis of Coronary vessels - Pneumonia
Of autopsy in right lower lobe

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. Lofgren M. D.
Address Union Memorial Hosp. Date signed 11-27-40

VS 8

F 74901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 74901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Lyttleton Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Nettie Lee Burroughs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband ~~or wife~~ Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Mont. Co., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Arthur Jones
13. Birthplace Mont. Co. Md.

MOTHER
14. Maiden Name Betty Wood
15. Birthplace Unknown

16 (a) Informant Hospital Records
(b) Address St Agnes Hos.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (month) (day) (year)
(c) Cemetery or crematory Monocacy
Location Beallsville Md

18 (a) Funeral director Hamilton
(b) Address Barnesville, Md.

19 NOV 27 1940 (b) Huntington Whitehurst M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 19 40 at 11:40 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 19 40 to 11-27 19 40 and that I last saw h CT alive on 11/27 19 40

Immediate cause of death Cerebral hemorrhage — Duration 2 day

Due to Malignant Hypertension

Due to Chronic nephritis

Other Conditions Right eye blind

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Parks MD M. D.
Address St Agnes Hos Date signed 11/27

F 74902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 74902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 N Calvert St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 N Calvert (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 yrs, years

3 (a) FULL NAME James Thomas Avery

3 (b) If veteran, name war None

3 (c) Social Security Account No. 186-09-8738

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha C. Avery

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) about Oct 22 1866

8. AGE: Years 74 | Months 1 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Windsor - Ontario (Town, county, and state)

10. Usual Occupation Supt of Construction

11. Industry or business Bridge & R.R.

FATHER 12. Name Noble Avery

13. Birthplace New York

MOTHER 14. Maiden Name Mary Brown

15. Birthplace Edinburgh Scotland

16 (a) Informant Mrs Bertha C. Avery - wife

(b) Address 3306 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27-40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

18 (a) Funeral director Stewart Mortuary

(b) Address 108 W Mt Royal Ave.

NOV 27 1940 (a) Local registrar (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25/1940 to 11/25/1940 and that I last saw h[illegible] alive on 11/25/1940

Immediate cause of death: Acute dilatation of [illegible] heart.

Duration: Immediate.

Due to

Due to

Other Conditions: Hypotensive cardio vascular disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deiker M. D.

Address 1226 Hanover St., Date signed 11/26, 1940

74903

HEALTH DEPARTMENT—CITY OF BALTIMORE

74903

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Dolphin St., 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Mae Watkins

If U.S. Veteran specify WAR

(a) Residence: No. 522 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward B. Watkins

6. DATE OF BIRTH (month, day, year) Dec. 17-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pamplin, Va

FATHER

13. NAME Andrew Patterson

14. BIRTHPLACE (city or town) (State or country) Pamplin, Va

MOTHER

15. MAIDEN NAME Mary F.

16. BIRTHPLACE (city or town) (State or country) Pamplin Va.

17. INFORMANT Edward B. Watkins

(Address) 522 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pamplin Va Date 11-28 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 31 Druid Hill Ave

FILED NOV 27 1940 Huntington Williams, M.D. Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-23. 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug-9- 1940 to Nov 22 1940

I last saw her alive on Nov 22 1940 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular - Renal Disease — Date of onset 9

Other contributory causes of importance: Anasarca

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) S B Hughes M. D.

(Address) 1413 Druid Hill Av

74904 HEALTH DEPARTMENT—CITY OF BALTIMORE 74904

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1510 Madison (St.) W. (Ward) 25

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lucy Edwards

If U. S. Veteran specify WAR _____

(a) Residence: No. 1510 Madison St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elvin Edwards

6. DATE OF BIRTH (month, day, year): Mar. 20-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	29	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): St. Michaels, Md.

FATHER

13. NAME: Edward Jones

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Lottie Johnson

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mr. Elvin Edwards
(Address) 1510 Madison Ave

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Date 11-28 19 40

19. UNDERTAKER: Mrs. Geo. H. Freeland
(Address) 1631 Druid Hill Ave

20. FILED NOV 27 1940 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1940 to 11/25, 1940.

I last saw her alive on 11/25, 1940. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Dr. Hand of Johns Hopkins Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. M. Rabbitt, M. D.

(Address) 713 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

74905 HEALTH DEPARTMENT—CITY OF BALTIMORE 74905

CERTIFICATE OF DEATH

95-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5515 Elderon Ave. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Charlotta Wilhelmina Dietrich

If U. S. Veteran specify WAR

(a) Residence: No. 5515 Elderon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Dietrich

6. DATE OF BIRTH (month, day, year) June 11th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorthea Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John F. Dietrich
(Address) 5515 Elderon Ave

18. BURIAL, CREMATION, OR REMOVAL
Interment Cemetery Louisville 11/29/40

19. UNDERTAKER Geo Olton & Son
(Address) 2503 Edmondson Ave

20. Filed NOV 27 1940 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25th. 1940

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1931 to Nov. 25 1940

I last saw her alive on Nov 25 1940 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis ca.	- 1930
Cardiac hypertrophy ca.	- 1930
Cerebral hemorrhage mill	
Causing left hemiplegia	4-19-31
Accidental hemorrhage	11-25-40

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to [illegible]? No If so, specify

(Signed) M. D.

(Address) 1203 W. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

74906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-B Registered No. R 74906

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

12-6

3 (a) FULL NAME Elbridge Webster Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) May 29, 1883

8. AGE: Years	Months	Days	If less than one day
57	5	27	... hr. ... min.

9. Birthplace East New Market, Md. (Town, county, and state)
10. Usual Occupation Research Engineer
11. Industry or business

FATHER
12. Name Richard H. Stevens
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Flora S. Nichols
15. Birthplace East New Market, Md.

16 (a) Informant Mrs. Margaret Stevens Green
(b) Address 2726 St. Paul St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory East New Market
Location East New Market, Md.

18 (a) Funeral director H. W. Meamber
(b) Address 805 North Calvert Street

NOV 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 24 1940, to November 26 1940, and that I last saw h.m. alive on Nov. 26 1940.

Immediate cause of death
Cerebral hemorrhage
Stipple cerebellum Viridans

Due to

Due to

Other Conditions Cerebral Thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 min
4 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 711 W. Lanvale St. Date signed 11-27-40

74907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-W F 74907

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light Street
(c) Hospital or institution So. Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4914 Ross Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Stansbury.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 25. 1873

8. AGE: Years	Months	Days	If less than one day
67		2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business

FATHER
12. Name John Stansbury
13. Birthplace Md.

MOTHER
14. Maiden Name Lucinda Harris
15. Birthplace Maryland

16 (a) Informant Mrs. Stansbury
(b) Address 4914 Ross Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave.

18 (a) Funeral director Margaret G. Glynn
(b) Address 1422 Light St.

NOV 27 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1940, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 1940, to 11-27 1940, and that I last saw him alive on 11-27 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to arteriosclerosis Degenerative Myocarditis

Due to Pulmonary emphysema

Other Conditions Frac. Lt. Femur. Decubitus Ulcer - Back.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug. 22 - 1940
(c) Where did injury occur? (City or town) A. A. Co. Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~In home~~ While at work? No
(Specify type of place)
(e) Means of injury Fall from porch on to cement step, Fracture

23. Signature H. S. Lewis M. D.
Address So. Balto. Gen. Hosp. Date signed 11-27-40

Removed to Anderson Md

74908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 74908

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5829 Belair Road
(c) Hospital or institution: S.D.P. Battaglia's Office, D-O-A.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Franklin
(c) City or town Greencastle Route 1
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rout #1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel W Daughterty

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-4550

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillie Daughterty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1907

8. AGE: Years	Months	Days	If less than one day
33	4	12	hr. min.

9. Birthplace Franklin Co Pa.
(Town, county and state)

10. Usual Occupation Concrete Finisher
11. Industry or business C. J. Langenfelder & Son

FATHER
12. Name Samuel M. Daughterty
13. Birthplace Franklin Co Pa

MOTHER
14. Maiden Name Jennie Margaret Winget
15. Birthplace Upper Strasburg Pa

16 (a) Informant Mrs Lillie Daughterty
(b) Address Greencastle Pa Route 1

17 (a) Interment Pa (b) Date thereof Dec 1 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Chambersburg Pa.

18 (a) Funeral director Wm J Nikirk & Son
(b) Address Greencastle Pa

19 (a) NOV 27 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27- 1940, at 8:45 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 11-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

74909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 74909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4216 Connecticut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James P. Bannon Jr

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife Catherine Bannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1939

8. AGE: Years	Months	Days	If less than one day
2	11	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation boy
11. Industry or business

FATHER
12. Name James P. Bannon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Quinn
15. Birthplace Johnstown Pa.

16 (a) Informant Mother
(b) Address 4216 Connecticut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Sparling
(b) Address Fulton Ave & Fayette

19 NOV 27 1940 (Date rec'd by reg.) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1940, to 11-26 1940, and that I last saw him alive on 11-26 1940.

Immediate cause of death (a) Cerebral Haemorrhage — Duration
Due to (b) Lost Tumors
Due to (c)
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. Fred Lohr M. D.
Address Mercy Hospital Date signed 11-28-40

74910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63B

F 74910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto. General
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Hells Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Kondilas (KONDILAS)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Wm Kondilos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1907

8. AGE: Years	Months	Days	If less than one day
33	1	10	hr. min.

9. Birthplace Sparrows Point Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Frank McVey
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Catherine Baker
15. Birthplace Balto. Co. Md

16 (a) Informant Mr Wm Kondilos
(b) Address 3016 Hells Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director John J. Connelly
(b) Address Essex Md.

NOV 27 1940 (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1940, at 10 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1940, to Nov. 25 1940, and that I last saw h[illegible] alive on Nov. 25 1940.

Immediate cause of death Cardiac failure

Due to chronic nephritis & hypertension, uremia

Due to

Other Conditions toxic goitre bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy as above

Duration 24 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address South Balto Gen'l Hosp. Date signed 11/25/40

VS 3

F 74911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 74911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Beaumont Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Beaumont Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Grauel

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4 Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1878

8. AGE: Years 62 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David Grauel
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Shelhause
15. Birthplace Germany

16 (a) Informant Miss Elsie R. Grauel
(b) Address 501 Beaumont Av

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 S. Paul St

19 (a) (Signature of registrar) (b) Registrar

NOV 28 1940
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 855 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Nov. 1940, and that I last saw h~~im~~ alive on Nov. 25 1940.

	Duration
Immediate cause of death: Carcinomatosis	1 Year
Due to Carcinoma of the stomach	2 a
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nov. 1939 - exploratory laparotomy - Ca. of stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Lee Hammer M. D.
Address 20 E. Preston St. Date signed 11/27/40

F 74912
61129 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 131-40 74912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 W. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lily Hilton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 30, 1899
8. AGE: Years 41 | Months 4 | Days 26 | If less than one day ... hr. ... min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Atwood Appleby
13. Birthplace Ohio

MOTHER
14. Maiden Name Annie Pattison
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Morgan Hebrew Cemetery
Location Woodbine, Carroll Co. Md
18 (a) Funeral director William Cook
(b) Address 127 St. Paul st
19 (a) (Date rec'd by registrar) NOV 28 1940 (b) Huntington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27-1940, at 3A M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-20-1940, to 11-27-1940, and that I last saw h[illegible] alive on 11-27-1940.

	Duration
Immediate cause of death Cardiac failure	7
Uremia	
Hypertension [illegible]	
Due to Arteriolar nephrosclerosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address [illegible] Date signed 11-27-40

F 74913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74913 Registered No.

1. PLACE OF DEATH: 600 S Chapel Gate Rd
(a) Baltimore City, Maryland
(b) Street address 600 S Chapel Gate Road
(c) Hospital or institution: Gerlach Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie L C McKee

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1864

8. AGE: Years 76 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry Kahlert
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Charles H. Kee
(b) Address 3706 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/40 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Baltimore Co Md

18 (a) Funeral director Wilson Bros
(b) Address 1217 E Pratt St

19 (a) (Date received by local registrar) NOV 28 1940 (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1940 to Nov. 27 1940 and that I last saw her alive on Nov. 25 1940.

Immediate cause of death: Myocarditis, Chronic. — Duration: 6 mos.
Senility.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No.

PHYSICIAN
Underlying the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Lloyd Johnson M. D.
Address Catonsville Date signed 11/27, 1940

correct age is especially important. Typewrite or print plainly with pen and ink. Use no abbreviations. Do not leave any blanks.

F 74914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12474 F 74914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5727 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 5727 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Upperco

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur D—

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18-1874

8. AGE: Years 66 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Hainer
13. Birthplace Balto Md

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Arthur D. Upperco
(b) Address 203 Furrow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (b) Huntington Williams, MD

(Date received by registrar) NOV 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940, to November 26 1940, and that I last saw him alive on November 26 1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to:
Other Conditions: Cirrhosis of Liver

Duration: 6 weeks / over

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Amelia E Link M.D. M. D.
Address 2211 Lake Ave Date signed 11/26/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

Registered No.

F 74915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 East 25th
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town City of Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 337 East 25th (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah J. Lamb

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 26- 1857

8. AGE: Years 82 | Months 11 Mos. | Days | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name James A Lamb
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary J Conway
15. Birthplace Ireland

16 (a) Informant John C Lamb
(b) Address 2442 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) NOV 28 1940 (Date received by registrar) (b) Huntington Williams Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 29th 19 40. to Nov. 26 19 40., and that I last saw her alive on Nov. 25th 19 40.

Immediate cause of death	Duration
Myocardial Insufficiency	9 mos.
Due to Mitral Regurgitation	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W. Mungo M.D.
Address 401 E. 25th. St. Date signed 11/27/40

correct age is especially important. If uncertain, please write the cause of death clearly and legibly.

VS 8

74916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C E 74916 Registered No.

OH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S Glover st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edmond Telewicz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 183-03-9571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1913

8. AGE: Years	Months	Days	If less than one day
27	3	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Unemployed

FATHER
12. Name Edmond Telewicz
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Doril
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Old Lyndon Hill Road
18 (a) Funeral director John A. McGan
(b) Address 3100 E. Balt. St.
19 (a) Nov 29 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-1940 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4-1940, to 11-26-1940, and that I last saw h~~e~~ alive on 11-26-1940

Immediate cause of death	Duration
Subacute Ba. S. endocarditis	8 mos.
Due to Rheum. H.D. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subacute bact. endocard.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature
Address Balto City Hosp. Date signed 11-26-40 M. D.

74917 F 74917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-W. Hamilton Street
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W. Hamilton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Louise Kirkland Weeks

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-13-1880.

8. AGE: Years	Months	Days	If less than one day
60	2	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Secretary-Franklin Street
11. Industry or business Presbyterian Church

FATHER
12. Name Alexander K. Weeks
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lula Richards
15. Birthplace Richmond, Virginia

16 (a) Informant Mr. J. L. Weeks (brother)
(b) Address East Hampton, Rhode Island

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov/29/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) 11-29-1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 12:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to Nov 27 1940, and that I last saw her alive on Nov 27 1940.

Immediate cause of death: Carcinoma of Colon — Duration: 2 years
Due to: Metastases to Spine
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Ascending Colon
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Warfield M. Firor M. D.
Address Johns Hopkins Hosp. Date signed Nov 27 1940

74918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 74918

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. Phila. Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Jutt
3 (b) If veteran, name war
3 (c) Social Security Account No. 245-10-6730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mildred K Jutt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 16 1911

8. AGE: Years	Months	Days	If less than one day
29	1	10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business

FATHER
12. Name James Jutt
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30th 1940 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Glen Burnie Pa.
18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.
19 (a) (Date rec'd by registrar) Peterson for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 6:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940, to Nov 26 1940, and that I last saw him alive on Nov. 26 1940.

Immediate cause of death Cause unknown — crushing injury of chest — St. fracture L. chest - probable internal injury

Duration

Due to Accident Traumatic Shock
Due to Accident.
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 11-25-40
(c) Where did injury occur? Old Philadelphia Rd near Ritter Spring Rd (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road (Specify type of place) While at work? No
(e) Means of injury Automobile Accident. auto
23. Signature Williams Gray Watkins M. D.
Address Johns Hopkins Hospital Date signed 11-27-40

Howard J. Malden M.D. Jan 7 to 2 Wallenweber M.D. Asst

F 74919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106

F 74919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1445 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 Light St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Harry DuBois Stone

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4762

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Williard Stone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Federal Yeast Corporat

FATHER
12. Name Daniel Louis Stone
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Elizabeth Crouse
15. Birthplace Littlestown, Pa.

16 (a) Informant Daniel L. Stone, Jr.
(b) Address 1445 Light St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Church Cemetery
Location Cross Road Millersville A.A.Co. Md

18 (a) Funeral director William H. Marsh
(b) Address 765 Light St.

NOV 28 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 5.50

20. DATE OF DEATH Nov. 27 1940, at A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/1940 to 11/27/1940, and that I last saw him alive on 11/26/1940

	Duration
Immediate cause of death: Cardiac Dilatation	
Due to: Myocardial Infarction	10 days.
Due to:	
Other Conditions: Lobar Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Shortonsh M. D.
Address 1458 Arunderdale Ave. Date signed 11/27/40

VS 2

F 74920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1429 W Fayette
92-a Registered No. F 74920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 Parkwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS HENDERSON

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1840

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name GERSON
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-28-40 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA. RD. & HAMILTON AVE

18 (a) Funeral director Jos. Louis Inc.
(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) NOV 28 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1940 at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16, 1938 to Nov 28, 1940 and that I last saw h~~im~~alive on 11/25 1940.

Immediate cause of death Aortic Insufficiency

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Disconcle M. D.
Address 1429 W. Fayette St Date signed Nov. 28, 1940

correct age is especially important. If unknown, please write the words "not known" in the space.

F 74921 F 74921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 31-N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument St
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YR

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4548 Pimlico Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Tillie Handleman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. —

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: DAVID
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1872
8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace: RUSSIA (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business

FATHER
12. Name: YALE
13. Birthplace: RUSSIA

MOTHER
14. Maiden Name: ETTA
15. Birthplace: RUSSIA

16 (a) Informant: DAVID HANDLEMAN
(b) Address: 4548 PIMLICO RD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-28-40 (month) (day) (year)
(c) Cemetery or crematory: MT. CARMEL
Location: O'DONNEL ST.

18 (a) Funeral director: Jack Levin Inc.
(b) Address: 1439 E. Balto St.

NOV 28 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1940, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1940 to 11/27 1940 and that I last saw h[er] alive on 11/27 1940.

Immediate cause of death: Uremia — Duration: ____

Due to: renal disease — Duration: over

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature: M. Heer M.D.
Address: Sinai Hosp. Date signed 11-27-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

74922

60976 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P F 74922

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 W. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Bowie

3 (b) If veteran, name war

3 (c) Social Security Account No. Will call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1902

8. AGE: Years	Months	Days	If less than one day
38	6	11	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Prince
13. Birthplace South Carolina

MOTHER
14. Maiden Name Emily Anderson
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Rem. Md.

18 (a) Funeral director Raymond Maine & Knight
(b) Address 2138 McElderry St

NOV 28 1940 (Date received by registrar) (b) Registrar

Huntingtown, Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1940, at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1940 to 11-25 1940 and that I last saw h[illegible] alive on 11-25 1940.

Immediate cause of death Uremia — Duration 2 weeks

Due to Carcinoma of Prostate — 1 yr

Due to

Other Conditions Bronchopneumonia — 1 wk

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto City Hosp. Date signed 11-25-40

Correct age is especially important. Physician: please write the cause in death clearly and legibly.

74923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 74923

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.,
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45-8-13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city limits, write RURAL and give town)
(d) Street No. 6107 Sefton Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna May Ebaugh

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Paul L. Ebaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14th 1895

8. AGE: Years 45 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name ? Whalen
13. Birthplace Not Known

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mr Paul L. Ebaugh
(b) Address 6107 Sefton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29th 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves.,

19 (Date received) NOV 28 1940 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 2 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1940, to Nov 27 1940, and that I last saw her alive on Nov. 27 1940.

Immediate cause of death: Carcinoma of Breast Left & General Lymph Metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Thompson M. D.
Address Md. General Hosp. Date signed 11/27/40

VS 2

Correct age if especially important. If uncertain, state approximate number of years, months, or days.

F 74924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 74924 / 159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hosp. 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2617 Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Doud Terence Doud.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white.	single.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-26-40

8. AGE: Years	Months	Days	If less than one day
—	—	1	26 hr. 56 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Terence Edward Doud
13. Birthplace Sykesville, Md.

MOTHER
14. Maiden Name Virginia Louise Arrick
15. Birthplace Pittsburgh, Pa.

16 (a) Informant mrs. Doud (mother)
(b) Address 2617 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balt. Co. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1330 N. Fulton Ave.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. (Address) (Date received)

NOV 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27-40 1940 2:46 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2:50 PM 11-26 1940 to 11-27-1940 and that I last saw him alive on 11-27 1940.

Immediate cause of death Prematurity → Duration 26 hrs 56 min

Due to Premature Separation of Placenta. → 12 hrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand Q. Chatard

Address Union Memorial Hosp. Date signed 11-27-40

correct age is especially important. Physicians: please write the cause of death plainly. Use only standard terms.

F 74925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 74925

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da. 6-2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 105 N. Luzerne Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Seifert (61113)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1885

8. AGE: Years	Months	Days	If less than one day
54	11	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Jacob Seifert

13. Birthplace Germany

MOTHER — 14. Maiden Name Marie ?

15. Birthplace Germany

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Blvd. Exit.

18 (a) Funeral director Clarence Hoffman

(b) Address 639 N. Broadway.

19 NOV 28 1940 (b) [illegible] for Williams, M.D.

(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1940, at 11:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Novemb. 20 1940, to Nov. 26, 1940, and that I last saw him alive on Nov. 26, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 1 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 11-27-40

74926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 74926 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Ramsay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Ramsay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 77

8. AGE: Years	Months	Days	If less than one day
63.	5	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Cornelius Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Connell
15. Birthplace Ireland

16 (a) Informant Miss Hester E. Murphy
(b) Address 904 Ramsey St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/30/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hollins Street

NOV 28 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1940, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 1940, to 11/27 1940, and that I last saw h alive on 11-27 1940.

Immediate cause of death: Pneumonia, primary
Antecedent Tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 4 days; 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Shanahan M. D.
Address 1945 N. Gilmor Date signed 11/29/40

Correct age is especially important. Any person who willfully makes any false statement in this certificate shall be guilty of a misdemeanor.

VS 3

11936-MD

F 74927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-D F 74927

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 27-3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9yr. 16das.

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2701 Latona Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME William L. Teddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Ellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-4-1860

8. AGE: Years	Months	Days	If less than one day
80	?	19	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation shoemaker

11. Industry or business

FATHER 12. Name William Teddy

13. Birthplace England

MOTHER 14. Maiden Name Emily McElroy

15. Birthplace England

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem. Location City Odonnel Street

18 (a) Funeral director John McElroy

(b) Address 461 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23- 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7- 1931 to 11-23- 1940, and that I last saw h[illegible] alive on 11-23- 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Gen. A-S.	?
Due to Ca of bladder	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Hospital Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 11-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OUR

BALTIMORE CITY HEALTH DEPARTMENT ✓ 61050

CERTIFICATE OF DEATH 73-D

74928 Registered No. F 74928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Pendel Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1882

8. AGE: Years	Months	Days	If less than one day
58	2	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework in general

11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)
(c) Cemetery or crematory Bir. Md Cremation
Location UNIVERSITY MEDICAL SCHOOL NOV 28 1940

18 (a) Funeral Director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 28 1940 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18- 1940, at 12 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18-1940, to 11-18-1940, and that I last saw h-- alive on 11-18-1940.

Immediate cause of death	Duration
Cremation	?
Due to Cerebro Bronchopneumonia	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Dublin M. D.
Address Baltimore City Hosp. Date signed 11-25-40

6080

HEALTH DEPARTMENT—CITY OF BALTIMORE

74929 F 74929

CERTIFICATE OF DEATH 182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 1703 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Jerome Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 504 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Nov. 25, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Thomas Gray

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophronia Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sophronia Johnson

(Address) 504 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL NOV 28 1940

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Murray

20. FILED NOV 28 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1940 to Nov 27, 1940

I last saw him alive on Nov. 27, 1940 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
	over
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis McGovern Lee M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

V9 8

6081

F 74930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 74930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3632 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3632 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline C Reuter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10 1855

8. AGE: Years 85 | Months | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Athome

FATHER 12. Name Christian F Reuter
13. Birthplace Germany

MOTHER 14. Maiden Name Gesmine J Peters
15. Birthplace Baltimore Md.

16 (a) Informant Pauline E Reuter
(b) Address 3632 Frederick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore Md

18 (a) Funeral director Henry A Cunard
(b) Address 4704 Ridgewood ave
(c) NOV 29 1940 (Date received by registrar) (d) Interring for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27. 1940 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10 1940 to Nov 22 1940 and that I last saw him alive on Nov 27 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to Myocardial Failure

Due to

Other Conditions Old age

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas S Bowyer M. D.
Address Med. Arts Bldg Date signed 11/28/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

74931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-B

Registered No. F 74931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED: Anne Arundel County
(a) State Md. (b) County
(c) City or town Eastport (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Hanpley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Lee Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1930

8. AGE: Years	Months	Days	If less than one day
10	8	26	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gilbert F. Collins
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Olimpia Kiel
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. John Taylor
(b) Address Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff Cemetery
Location Annapolis, Md.

18 (a) Funeral director E. W. Pomeroy
(b) Address 1003 W. Baltimore St.

NOV 28 1940 (Date received by Registrar) (By) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20, 1940, to Nov. 27, 1940, and that I last saw him alive on Nov. 27, 1940.

	Duration
Immediate cause of death Respiratory Failure	
Due to Anesthetic	
Due to Operation for Posterior Fossa Brain Tumor	
Other Conditions	
	over

(Include pregnancy within 3 months of death)

Major findings: Of operations Dilated Ventricles

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Betty H. Caplan, M. D.
Address University Hospital Date signed 11/27/40

correct age is especially important. Physicians, please write the names of cities and counties in full.

74932
60147 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 74932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Eastern Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY BENJAMIN KREIT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	216 01 2174	M	White	Married

6 (b) Name of husband or wife Edith Kreit
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1869

8. AGE: Years	Months	Days	If less than one day
44	10	8	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Labor - Street
11. Industry or business

FATHER
12. Name Phillip Kreit (d)
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Rode (d)
15. Birthplace Germany

16 (a) Informant Hospital
(b) Address Baltimore City Hospitals

17 (a) BURIAL (b) Date thereof NOV. 30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

NOV 28 1940 (Huntington Williams, M.D.)
(Date received) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1940, at 5:0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1940, to 11-26 1940, and that I last saw him alive on 11-24 1940.

Immediate cause of death
Peritonitis, general
Branches - pneumonia, post op.
Due to

Due to
Hydronephrosis + renal calculi
Other Conditions Carcinoma
hepatis flexure colon with abscess
(Include pregnancy within 3 months of death)
Major findings: Hydronephrosis + renal calculi - carcinoma
Of operations hepatic flexure colon with abscess
Of autopsy Peritonitis + Bronchopneumonia

Duration
11-19-40
11-21-40
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alb. Bruntegan, M.D.
M. D.
Address Baltimore City Hosp., Date signed 11-28-40

correct age is especially important. If unknown, please write the words "unknown" and "age."

M. D. B. 1200-0

74933 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 74933

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 Ashton St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J. Thorne

(a) Residence: No. 2529 Ashton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 3-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79 78	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME J. Thorne

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Caroline Haines

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs Helen Trube

(Address) 2526 Ashton St

18. BURIAL, CREMATION, OR REMOVAL

Place Wash Cem. Date Mar 29 40 19

19. UNDERTAKER Leonard Lucke

(Address) 5305 Harford Rd.

FILED ... 19 ... Huntington Hilliard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1940 to Mar 26, 1940

I last saw him alive on 11/26, 1939. Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease	2yrs ago

Other contributory causes of importance:

Cerebral Thrombosis	1day

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

Information should be carefully supplied. AGE should be stated as exactly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 40

74934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a F 74934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2825 Waldorf Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Waldorf Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME JOHN H. AHRENS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	W	Married

6 (b) Name of husband or wife Bertha Ahrens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1875

8. AGE: Years	Months	Days	If less than one day
65	1	11	hr. min.

9. Birthplace Hanover Germany (Town, county, and state)
10. Usual Occupation Sexton Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wilhorn & Co
(b) Address 1219 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wilhorn & Co
(b) Address 1219 E Fayette St

19 (Registrar's signature) Henry Williams M.D. Registrar

NOV 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940 at 9:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Hanging by rope	
Due to Suicide	
Other Conditions mental dependency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Nov. 27, 1940
(c) Where did injury occur? 2825 Waldorf Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury hanging by rope

23. Signature H. L. Williams Jr M.D. for Medical Examiner.
Date signed 11-28-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 74935 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 Russell st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Russell st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph Schmidt

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1860

8. AGE: Years	Months	Days	If less than one day
80	3	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Glass Blower
11. Industry or business Swindell Bros

FATHER
12. Name Julius Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Ernestine Gundlach
15. Birthplace Germany

16 (a) Informant Margaret Schmidt
(b) Address 1016 Russell st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn Md

18 (a) Funeral director William Cosey
(b) Address 1319 Pond St

19 (a) NOV 28 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27th 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to Nov 27 1940, and that I last saw him alive on Nov 27 1940.

Immediate cause of death Coronary Thrombosis — Duration
Due to Arteriosclerosis
Due to
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Schmidt M. D.
Address 1210 Linden Ave Date signed 11/29/40

VS 3

74936
SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ Registered No. E 74936

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Scott Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Remmert (Lillan Rennert)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Ernest Remmert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/30/1879
8. AGE: Years 61 | Months 5 | Days 26 27 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Edward Remmert
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olives
Location Baltimore Md
18 (a) Funeral director Wilson & Cook
(b) Address 1219 E Pratt St
19 NOV 28 1940 (Date rec'd by registrar) (b) [illegible] for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27- 1940 at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1935 to 11-27-1940 and that I last saw h[illegible] alive on 11-27-1940

Immediate cause of death: Cardiac failure — Duration: ?
Due to: C-S. H.V. Dis — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address Balto City Hosp Date signed 11-28-40 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

74937

BALTIMORE CITY HEALTH DEPARTMENT X 169 ✓ F 74937

CERTIFICATE OF DEATH

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Pittsburg (If outside city or town limits write RURAL and give town)
(d) Street No. 420 Trifole St. R. 3. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CECIL LEONARD

3 (b) If veteran, name war — No

3 (c) Social Security Account No. 200-01-6227

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Eileen Zimmer
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) July 28, 1911

8. AGE: Years	Months	Days	If less than one day
29	3	29	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Pen. R.R. Co. Pittsburg Pa

FATHER
12. Name Thomas E Leonard
13. Birthplace West Virginia

MOTHER
14. Maiden Name Martha ?
15. Birthplace West Virginia

16 (a) Informant Wife Eileen Leonard
(b) Address above address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/28/40 (month) (day) (year)
(c) Cemetery or crematory Pittsburg
Location Pittsburg Pa

18 (a) Funeral director Pulliam & Son
(b) Address 1219 Penn Ave

19 NOV 28 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 - 1940, at 1:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-27-40
(c) Where did injury occur? Brandshow Station, Pgh Philadelphia Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Crushed by Train on R.R. Track

23. Signature H. L. Wahlenmaier M.D.
Coroner Medical Examiner.
Date signed 11-27-40

VS 6

74938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C

F 74938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Longwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Longwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1617

3 (a) FULL NAME Lois May Stedding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1925

8. AGE: Years	Months	Days	If less than one day
15	6	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Neil Stedding
13. Birthplace Balto.

MOTHER
14. Maiden Name Myrtle Stein
15. Birthplace Balto.

16 (a) Informant Myrtle Stedding
(b) Address 1309 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Mary A. Trautwein
(b) Address 2437 Ramsay Ave.

NOV 28 1940 (Date filed by registrar)

(Signature of Registrar) Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26th 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26th 1940, to Nov. 26th 1940, and that I last saw h[illegible] alive on Nov. 26. 1940.

Immediate cause of death Coronary thrombosis — Duration 1 hour

Due to Rheumatic Heart. aortic insufficiency mitral stenosis, enlarged heart

Due to Subacute bacterial endocarditis due to streptococcus viridans + auricularis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. L. Wollenweber M.D.

Address 1136 Poplar Grove St. Date signed 11/28/40

N. L. Wollenweber, M.D. Asst. Med. Examiner pro. E. R. Brantigan

correct age in especially important. Physicians; please write the causes of death clearly and legibly.

V8 3

74930
38934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 74939 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Burgundy St (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Elizabeth Kazakevich (Kazikevicute)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-7624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Lithuania (town, county, and state)
10. Usual Occupation Factory
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Beaty Rd.

18 (a) Funeral director Joseph Kaminskas Sons
(b) Address 600 E. Wash. Blvd

19 NOV 28 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 6 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1940 to Nov 27 1940, and that I last saw her alive on Nov 27 1940

Immediate cause of death Lobar Pneumonia, Right Upper + Lower Lobes + Left Upper Lobe — Type III

	Duration
Due to	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia of R.U.L., R.L.L. & L.U.L.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hortense Klein M. D.
Address Johns Hopkins Hospital Date signed 11-30-40

VS 2

74940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B ✓ E 74940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 Brookfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David S. Kaufman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Kaufman
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 20 1876

8. AGE: Years	Months	Days	If less than one day
64	2	7	hr. min.

9. Birthplace Balto. Md (Town, county, and State)
10. Usual Occupation Attorney at Law
11. Industry or business

FATHER
12. Name Charles Kaufman
13. Birthplace Germany

MOTHER
14. Maiden Name Babette Stern
15. Birthplace Germany

16 (a) Informant Mrs. Jacob Kaufman
(b) Address 2348 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem. Co.
Location Baltimore County Md.

18 (a) Funeral director J. Aron & Co.
(b) Address 2432 Reisterstown Rd

19 (a) [illegible] (b) [illegible] Registrar

NOV 28 1940

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1940 to 11/27 1940, and that I last saw h[illegible] alive on 11/27 1940.

Immediate cause of death	Duration
Cerebral Embolus	11/27/40
Due to Hypertension	1929
Due to Arteriosclerosis	1929
Due to Myocarditis	1926
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address 2720 Eutaw Date signed 11/28/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 74941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 74941

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Callahan Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Della W. Callahan

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3rd 1866

8. AGE Years	Months	Days	If less than one day
73-75	6	24	hr. min.

9. Birthplace Baltimore County Md. (Town, county, and state)

10. Usual Occupation Retired Police Officer

11. Industry or business Balto City

FATHER
12. Name Patrick Callahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nagle
15. Birthplace Dublin Ireland

16 (a) Informant Wm Callahan Jr
(b) Address 3601 Kimble Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(a) (Signature of registrar) (b) [illegible] for William Cook

NOV 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1940, at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1940, to 11-27 1940, and that I last saw h[illegible] alive on 11-27 1940

Immediate cause of death Congestive Heart Failure — Duration

Due to Hypertensive C-V disease — Duration

Due to Generalized Arteriosclerosis — Duration

Other Conditions Senile Dementia — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr M. D.
Address St. Joseph's Hosp. Date signed 11-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74942 Registered No. 94-N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Nelson MacNeil

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 003-01-7543

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carlotta Santmyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1897

8. AGE: Years	Months	Days	If less than one day
43	3	27	hr. min.

9. Birthplace Boston, Mass
(Town, county, and state)
10. Usual Occupation Salesman-Harvard Sales Co
11. Industry or business

FATHER
12. Name Duncan MacNeil
13. Birthplace Britain Island

MOTHER
14. Maiden Name Annie McCarthy
15. Birthplace Britain Island

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cemetery
Location Frederick Road

18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bouldin St.

NOV 29 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1940, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7, 1940 to Nov. 27, 1940, and that I last saw him alive on Nov. 27, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	4 weeks
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McCarthy
Address U. S. Marine Hospital, Wyman Park Drive Date signed 11/27/40 M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 74943 Turner F 74943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Louis Sulz. Jew. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Jonestown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24-3

3 (a) FULL NAME Sadie Turner.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Sherman Turner
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 22 1897

8. AGE: Years	Months	Days	If less than one day
43	4	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation At home
11. Industry or business —

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Katie Page
15. Birthplace Va.

16 (a) Informant Sherman Turner
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-40 (month) (day) (year)
(c) Cemetery or crematory Chantilly Va. " "
Location

18 (a) Funeral director H. C. Hyattsbottom Jr.
(b) Address Ellicott City Md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

NOV 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1940, at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940, to 11-26 1940, and that I last saw h[illegible] alive on 11-26 1940

Immediate cause of death
Rheumatic cardiovascular degeneration with endocarditis
Due to fibrosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Lewis M. D.
Address Louis Sulz. Jew. Hosp. Date signed 11-28-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 74944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Fair View ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Fairview ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W.

6 (b) Name of husband or wife Late Barney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70	-	-	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Rubin Kitai
13. Birthplace Russia

MOTHER
14. Maiden Name Kalin —
15. Birthplace Russia

16 (a) Informant
(b) Address 3608 Fairview ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29/40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern ave

18 (a) Funeral director Sol Pikesville Bros.
(b) Address 1124-26 W. North ave

(a) NOV 29 1940 (b) Registrar
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29 1940, at 1.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1939 to Nov. 29 1940, and that I last saw alive on Nov 29 1940.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Arteriosclerotic Cardio Vascular — Duration ?

Due to Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 1206 E. Preston St Date signed 11/29/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 74945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 74945

Registered No.

Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2820 Chesnolde Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2820 Chesnolde Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Boyer.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Charles F. Boyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1887

8. AGE: Years	Months	Days	If less than one day
52	10	26	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER

12. Name Wm. H. Tracey.

13. Birthplace md.

MOTHER

14. Maiden Name Rella Stiffler.

15. Birthplace Md.

16 (a) Informant Mrs. Alouita M. Hull.

(b) Address 2820 Chesnolde Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge.

Location Pikesville Md

18 (a) Funeral director Chesnut & Donovan

(b) Address 3615 Pa Ave Baltimore, Md

NOV 29 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1940, at 8 35 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/20 1940 to 11/27 1940 and that I last saw h[illegible] alive on 11/26 1940

Immediate cause of death Myocardial failure

Due to Carcinomatosis

Due to Carcinoma of breast - Rt.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Bosman M. D.

Address 2687 Wilkens Ave Date signed 11/29/40

VS 3

F 74946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Wilhelm St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Wilhelm St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 yrs. years

3 (a) FULL NAME Caroline L. Vollmer.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Daniel Vollmer.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17 1861

8. AGE: Years 79 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business At home.

FATHER
12. Name Henry Schleich.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant William H. Vollmer.
(b) Address 2119 Wilhelm St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) [illegible] (b) Huntingtop Hollow, Md.

NOV 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28th. 1940; at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940. to Nov 28 1940.
and that I last saw her alive on Nov 27 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days.
Due to Arterio sclerotic Cardio-Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, [illegible] place? (Specify type of place) While at work?
(e) Means of injury

Signature Albert Seagretti M. D.
Address 1729 W Fayette St. Date signed Nov 29 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 74947

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Division St.
(c) Hospital or institution Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co.
(c) City or town Oldenton Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 (If rural give location)
(e) If foreign born, how long in U. S., 17-09-4927 years

3 (a) FULL NAME Milton Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian Tyler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace Oldenton, Md. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Charles Tyler

13. Birthplace Va.

MOTHER 14. Maiden Name Helen Green

15. Birthplace Balt. Md

16 (a) Informant Lillian Tyler.

(b) Address Oldenton Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11 (month) 29 (day) 1940 (year)

(c) Cemetery or crematory

Location Oldenton Md.

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Schroder St.

19 (a) 11-29-1940 (Date rec'd by registrar) Arlington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25-1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1/40 to 11/24/40. and that I last saw him alive on 11/25/40.

Immediate cause of death

Due to Shock (Postoperative)

Due to

Other Conditions Gastric carcinoma

(Include pregnancy within 3 months of death)

Major findings:
Of operations indurations and ulcerations of stomach
Of autopsy no autopsy allowed

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Welcome M.D.

Address Provident Hosp Date signed 11/27/40

correct 10/29/40 especially important. Physicians: please write the cause of death clearly and legibly.

74948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37 C Registered No. E 74948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor ave
(c) Hospital or institution: West Balto General Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4916 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Beatrice Weiner

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: Wh
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Harry Weiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Louis Norey
13. Birthplace Russia

MOTHER
14. Maiden Name Yoskowitz
15. Birthplace

16 (a) Informant Frank Weiner
(b) Address 2301 W. Hallins

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Chel Jakov
Location Nevins Baltimore

18 (a) Funeral director Jos. Levin Sons
(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) (b) (Registrar's signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1940, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1940, to 11:28 1940, and that I last saw h~~er~~ alive on 11-28 1940

Immediate cause of death: Epidemic Encephalitis — Duration: 12 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Grott M. D.
Address W. B. G. Hosp Date signed 11-29-40

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of cause of death may determine the value of life insurance policy. Certificate should not be signed until correct age is especially important.

F 74949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 74949 Registered No.

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town (If outside city or town limits, write RURAL and give town) Near Taneytown Md
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Alla Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. non

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Raymond Kelly
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept 17 1901

8. AGE: Years	Months	Days	If less than one day
39	2	12	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Wilsey
13. Birthplace New Jersey

MOTHER
14. Maiden Name Margaret Ford
15. Birthplace New Jersey

16 (a) Informant Raymond Kelly
(b) Address Taneytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1940 (month) (day) (year)
(c) Cemetery or crematory United Brethren
Location Pegg Taneytown Md

18 (a) Funeral director C O F Ass't Son
(b) Address Taneytown Md

19 (a) Date received NOV 29 1940 Registrar (b) Certificate filed

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1940 to Nov 28 1940. and that I last saw her alive on Nov 28 1940.

Immediate cause of death Diabetic Coma — Duration

Due to Diabetes mellitus 9 mos (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alva L Hartz M. D.
Address University Hosp Date signed 11/29

74950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74950

131 - a Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 625 N Potomac St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 625 N Potomac St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ludloff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Lydia A Ludloff

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 21 1884

8. AGE: Years	Months	Days	If less than one day
56	5	5	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Vulcanizer

11. Industry or business Balto City Yard

FATHER 12. Name Jacob Ludloff

13. Birthplace Balto

MOTHER 14. Maiden Name Caroline Kustner

15. Birthplace Balto

16 (a) Informant Lydia A Ludloff

(b) Address 625 N Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road Balto

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St

NOV 29 1940 (Date Rec'd by Registrar) (b) Huntingtown Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940, to Nov 26 1940, and that I last saw h[illegible] alive on 10/26 1940.

Immediate cause of death

Hypostatic pneumonia

Due to

Due to Arterial Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration	
7	
5/22/39	
11/26/40	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert L. Likovsky

Address 2939 Mt Alleg St Date signed 11/27/40

3

74951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 74951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Rueckert Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 54 yrs. years

3 (a) FULL NAME John Henry Langenfelder

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-5111

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mrs. Anna Langenfelder
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 24 ? 187?

8. AGE: Years	Months	Days	If less than one day
67 ?	3	4	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Meat cutter
11. Industry or business

FATHER
12. Name Henry Langenfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address Mercy Hospital.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/4 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director John Welsch
(b) Address 2 N. Calvert St
(c) Huntington Williams Mort.

NOV 29 1940 (Date Rec'd by Reg'r)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940, to 11-28 1940, and that I last saw him alive on 11-27 1940.

Immediate cause of death Lobar pneumonia, right and wholemlung involvement

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Pond Lokey M. D.
Address Mercy Hospital Date signed 11-28-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74952

HEALTH DEPARTMENT—CITY OF BALTIMORE

74952

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. Collington Ave St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Schaffeld

If U. S. Veteran specify WAR

(a) Residence: No. 418 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Schaffeld

6. DATE OF BIRTH (month, day, year) Oct 4th 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. W. District

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Schaffeld

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nettie Senderling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Anna Schaffeld

(Address) 418 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 30 1940

19. UNDERTAKER Leo F. Legon

(Address) 1701-03 Pennsylvania Ave

Huntington Williams, M.D.

Registrar.

NOV 29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1940 to Nov 27 1940

I last saw alive on Nov 27, 1940 Death is said to have occurred on the date stated above, at 6 h. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 25
Other significant conditions: Hypocond & S	Nov 1940
Ch. Bronchitis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Roane M. D.

(Address) 801 N. Kenwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-3

74953 Doles

HEALTH DEPARTMENT—CITY OF BALTIMORE

74953

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 Orleans St., 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Doles

(a) Residence: No. 1839 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Negro	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Doles

6. DATE OF BIRTH (month, day, year) Sept. 21. 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Nov 27 40

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Isle of Wight Co Va.

FATHER

13. NAME Robert Burden

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma Allen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lynette Maynard.
(Address) 1839 Orleans St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec 2, 1940

19. UNDERTAKER Robert Williams
(Address) 1576 Mckelday Av

20. FILED NOV 29 1940, 19 .....
Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1940 to Nov. 27-40, 19 .....

I last saw her alive on Nov. 27, 1940 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-24,

Other contributory causes of importance:

Hypertensive Cardio-Vascular Renal Disease ?

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? ..... Date of injury ..... 19 .....

Where did injury ~~occur~~? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. K. Gilmore M. D.

(Address) 1222 N. Caroline

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

74951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 180

Registered No. E 74954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Pierce Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
42?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. S. Moore

19 (a) NOV 29 1940 Huntington Williams 45 (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21-1940 at 2.05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to 2nd to burns involving 50% of entire body.	
Due to Conflagration	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Apparent Accident
(b) Date of occurrence 11-21-40
(c) Where did injury occur? 1633 Pierce Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Overturned oil stove
23. Signature Howard A. Mossman M.D. Medical Examiner.
Date signed 11-21-40

V8 6

F 74955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 74955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 So Dallas st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 So Dallas st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Marks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) NOV 29 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar 6083

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1940, at 6C M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said M.E. (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Gudebrod M.D. Medical Examiner.
Date signed 11/23/40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 159

F 74956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Middleburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Uental

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-40

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Middleburg Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Carrie Uental
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 29 1940 (Date received by Registrar) Investigator for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1940, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18- 1940, to 11-21 1940, and that I last saw her alive on 11-21- 1940.

Immediate cause of death	Duration
Prematurity	24 hours
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Lamberd Jr M. D.
Address University Hosp. Date signed Nov 29 1940

VS 3

1 6086

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 74957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered by supplying the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Matthews.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: Newborn. | 13 hrs. min.

9. Birthplace University of Maryland Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Samuel Matthews.
13. Birthplace Baltimore, Maryland

MOTHER — 14. Maiden Name Gertrude Dixon.
15. Birthplace Bennettsville South Carolina

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) NOV 29 1940 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1940 to Nov. 24 1940 and that I last saw him alive on Nov. 24 1940.

Immediate cause of death
Atelectasis — Duration 11-23-40
Premature Placental Separation ?
Due to Premature Delivery

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Premature Separation of Placenta
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Towsontown, Md. Date signed 11-24-40

VS 8

74958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A F 74958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 Patterson Pk. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Patterson Pk. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. A. Goenner Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Goenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1866

8. AGE: Years	Months	Days	If less than one day
74	9 11	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Painter Retired
11. Industry or business

FATHER
12. Name August Goenner
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Wm. A. Goenner Jr.
(b) Address 5-21 N. Grayson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Gay St.

18 (a) Funeral director Wm. J. Miller
(b) Address 2334 Jefferson St. Waiting for Williams, M.D.

NOV 29 1940 Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Nov 26 1940, and that I last saw h[im] alive on Nov 16 1940.

Immediate cause of death	Duration
Chronic nephritis - Uremia	Nov 23/40 } 10 yrs
coma - vascular - renal disease.	
Due to arterio - sclerosis.	
Due to	
Other Conditions Enlarged Prostate	1 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Louis F. Grimm M. D.
Address 722 N. Kenwood Ave Date signed 11/29/40

Physicians: please write the causes of death clearly and legibly. Information is especially important.

F 74959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 74959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs 15 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Linden ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Provident Hospital

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-30-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave.

19 (Date received by Registrar) NOV 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24-1940, at 8:55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Cause of death	Duration
Immediate cause of death: Hemorrhage	
Gun shot of Abdomen	
Due to:	
Due to Fracture of liver & right kidney.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11-24-40
(c) Where did injury occur? 1005 Pennsa ave — Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Gun shot

23. Signature Howard J. Andersen M.D. Medical Examiner.

Date signed 11-25-40

VS 6

F 74960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-F Registered No. F 74960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Ivanhoe Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Michael FITZPATRICK

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnetta Miller
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1896

8. AGE: Years	Months	Days	If less than one day
44	2	4	hr. min.

9. Birthplace Ocean City, New Jersey (Town, county, and state)
10. Usual Occupation Government Clerk
11. Industry or business Camp Holabird, Md.

FATHER
12. Name Jeremiah Fitzpatrick
13. Birthplace Ireland

MOTHER
14. Maiden Name Cecelia Bushell,
15. Birthplace Ireland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Rd.

18 (a) Funeral director J. J. Moran
(b) Address 300 E. Baltimore St.

NOV 29 1940 (Date rec'd by Registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1940 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11, 1940 to Nov. 27, 1940 and that I last saw him alive on Nov. 27, 1940.

	Duration
Immediate cause of death Broncho pneumonia;	
Thrombosis of the pulmonary arteries;	
Endocarditis, acute bacterial	14 days
Due to Unidentified mediostinal	6 mo.
neoplasm with extention	
Due to into the neck.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Thoracentesis, aspiration; biopsy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address U. S. Marine Hospital, Wyman Park Drive and 31st St. Date signed 11/28/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

74961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

E 74961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Rolandare.
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County "
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Johnst. (If rural give location)
(e) If foreign born, how long in U. S. A.? " years

3 (a) FULL NAME Ellagnes McDonough

3 (b) If veteran, name war " | 3 (c) Social Security Account No. "

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife "
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation artist, painting
11. Industry or business

FATHER — 12. Name	John McDonough
FATHER — 13. Birthplace	Ireland
MOTHER — 14. Maiden Name	Mary Longhors
MOTHER — 15. Birthplace	Ireland

16 (a) Informant Melrose Nursing Home
(b) Address 5607 Rolandare
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Philadelphia Pa.
18 (a) Funeral director J. J. Nolan
(b) Address 3000 E. Baltimore.
NOV 29 1940 (b) Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/ 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940 to Nov 27 1940 and that I last saw h[illegible] alive on 11/27 1940

Immediate cause of death
Cardio Renal Vascular Disease — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. W. Wheaton M.D.
Address 4309 York Rd. Date signed 11/29/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 Ashbourne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma R Parsley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife J. Harry Parsley (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1873

8. AGE: Years	Months	Days	If less than one day
67	6	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant J. Harry Parsley
(b) Address 1236 Maiden Choice Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Reisterstown Md

18 (a) Funeral director Harry H. Little
(b) Address 4101 Edmondson Ave

19 NOV 29 1940 (Date received by Local Registrar) (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29th 1940, at 8:35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Rupture of left Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/27/40
(c) Where did injury occur? 28 Ashbourne Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fall down steps

23. Signature Wm B Anderson M.D. Medical Examiner
Date signed 11/29/40

VS 6

74963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74963 Registered No. 56-04

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Mt. Holly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Reba M. Brummel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Mr. Upton S. Brummel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1893

8. AGE: Years	Months	Days	If less than one day
47	8	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. Walter Littleton
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Higgins
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (Date rec'd by registrar) NOV 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1940, at 11:24 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov. 28 1940, and that I last saw her alive on Nov. 28 1940.

Immediate cause of death	Duration
Paralytic ileus	3 days
Chronic myocarditis.	
Due to	
Due to	
Other Conditions Endometriosis, myoma uteri (Include pregnancy within 3 months of death)	

Major findings:
Of operations cystic ovary; myoma uteri, chronic salpingitis.
Of autopsy over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence S. Cannon
Address Maryland General Hospital Date signed 11/29/40 M. D.

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Also correct age is especially important.

74964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

E 74964 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Eager St (If rural give location)
10-1
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucretia ANN Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	

6 (b) Name of husband or wife Jesse Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Frederick White
13. Birthplace Damen Quarter, Md

MOTHER
14. Maiden Name Elizabeth L. Thompson
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Frank Hennecke
(b) Address 3104 Mc Elderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tyler & Sons
(b) Address North & Fulton Aves.

19 (a) NOV 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940 at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to h.... death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Vandenhoff M.D.
Medical Examiner.
Date signed 11/29/40

VS 6

74965 .

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X-a 133 F 74965

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Bonney
(c) Hospital or institution Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Libertytown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. B. Virginia Carter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mr. Milton Carter

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1866

8. AGE: Years 74 | Months — | Days 9 | If less than one day hr. min.

9. Birthplace Libertytown Frederick Co, Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Davis Riley
13. Birthplace Frederick Co, Md.

MOTHER 14. Maiden Name Amelia Grimes
15. Birthplace Frederick Co. Md

16 (a) Informant Mr. John Mitty Carter
(b) Address Libertytown, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)

(c) Cemetery or crematory Longanore Cem.
Location Unionville, Md.

18 (a) Funeral director Powell & Albaugh
(b) Address Libertytown, Md.

NOV 29 1940 (Date received by local registrar)

(Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1940, to Nov 29 1940, and that I last saw her alive on Nov. 29 1940

Immediate cause of death: Uremia — Duration: ?

Due to: Ca of Uterus? — Duration: over

Due to: TB of Kidneys?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (Blister) Hydronephrosis, acute cystitis — No TB or Ca grossly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Ralph Stonesifer, Jr. M. D.
Address Church Home & Inf. Date signed Nov. 29'40

VS 8

74966 40/229 checked

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106-B Registered No. F 74966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 4da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If not outside city or town limits, write RURAL and give town)
(d) Street No. 1501 S. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME William Batton

3 (b) If veteran, name war ~

3 (c) Social Security Account No. ~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	[redacted] Married

6 (b) Name of husband or wife Ella R. Batton
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 19, 1881

8. AGE: Years	Months	Days	If less than one day
59	5	10	____ hr. ____ min.

9. Birthplace Maryland (Baltimore)
(Town, county, and state)
10. Usual Occupation Carpenter Night Watchman
11. Industry or business Auto Shop —

FATHER
12. Name William Batton
13. Birthplace Va.

MOTHER
14. Maiden Name Lydia Mandaley
15. Birthplace England

16 (a) Informant Mrs. [redacted] Ella R. Batton (Wife)
(b) Address 1501 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director H. Hubbard Ellis
(b) Address 1400-02 S. Charles St.

19 (a) Registrar NOV 29 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1940, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24- 1940, to 11-29- 1940 and that I last saw him alive on 11-29- 1940

Immediate cause of death
Pulmonary embolism
Thrombophlebitis — Duration 24 hrs
Due to Bronchiectasis — 1 wk
Amyloidosis — ?
Due to — ?
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Lebherz M. D.
Address Balto City Hosp. Date signed 11-29-40

PLEASE WRITE PLAINLY, with ink. Use typewriter if available. Be sure to give correct age in years, months and days. Also correct age is especially important. Physicians: please write the causes of death clearly and legibly.

74967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 74967 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Linden Ave 1912
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louise Maisel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (month, day, year): Nov. 17, 1876

8. AGE: Years 64 | Months 7 | Days 10 | If less than one day hr. min. 13

9. Birthplace Catonsville, Maryland.
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Andrew Maisel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Eckart
15. Birthplace Maryland

16 (a) Informant Mrs. Emma Garvey
(b) Address 17 Winter Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 1940 (month) (day) (year)
(c) Cemetery or crematory Salem Cemetery
Location Catonsville Md

18 (a) Funeral director Easton Sons
(b) Address Elkridge City

19 (a) Filed NOV 29 1940 (b) Registered by [illegible] Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940 to Nov 27 1940, and that I last saw her alive on Nov 27 1940.

Immediate cause of death	Duration
Coronary Thrombosis	3½ hrs.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reuben Amelon M. D.
Address 1725 Gwynns Falls Pky Date signed 11/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

74968 HEALTH DEPARTMENT—CITY OF BALTIMORE 74968

CERTIFICATE OF DEATH 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 South Hanover st.) 3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Higgiston

If U.S. Veteran specify WAR ...

(a) Residence: No. 1736 South Hanover st. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, (Married) Widowed, or Divorced (Write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret Higgiston

6. DATE OF BIRTH (month, day, year): October 27-1864

7. AGE: Years 76 76 yrs 7 mos; Months 7; Days 7; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired China Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: The Cook Insulator Co

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Higgiston

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget McCanar

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Edward Higgiston

(Address) 1704 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem Date: Dec 2, 40

19. UNDERTAKER: Milton Schilling

(Address) 112 E. Monument St

20. FILED NOV 29 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: November 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1940 to Nov. 28, 1940

I last saw him alive on Nov. 28 1940 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	not known
Chronic Nephritis	
Other contributory causes of importance: Cerebral Hemorrhage	Nov. 28 1940

Was an operation performed? no Date of ...

For what disease or injury? ...

What was confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west street.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

74969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 74969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or the reason for omission explained. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 W. Lexington St

(c) ~~Hospital or~~ institution:
Aged Women's-Aged Mens' Home

(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) No Record

(e) Length of stay in Baltimore (yrs., mos., or days) No Record

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 W. Lexington St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Levey

3 (b) If veteran, name war No

3 (c) Social Security Account No. 1185

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband or wife No Record

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15-1858

8. AGE: Years 81 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Patrick Horn

13. Birthplace

MOTHER 14. Maiden Name Isabella Dyer

15. Birthplace

16 (a) Informant Records Aged Women's-Aged Mens' Home

(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/30/40 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Loudon Park

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

NOV 30 1940 (Date rec'd by registrar) Huntington William Cook

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29th 1940 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19/34 19__ to 11/29/40 19__, and that I last saw her alive on 11/28/40 19__.

Immediate cause of death	Duration
Cardio-vascular-disease with chronic hypertension and	
Due to generalized arterio-sclerosis	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place), While at work?

(e) Means of injury

23. Signature Edward B. Jarrett

Address 1115 St. Paul St., Date signed 11/29/40

VS 3

City.

74970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 ✓ F 74970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 Southern Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M Stein.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband or wife Norah Stein
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1887 ~~1893~~

8. AGE: Years	Months	Days	If less than one day
56	9	12	hr. min.

9. Birthplace St. Johns Newfoundland (Town, county, and state)
10. Usual Occupation Marine Surveyor
11. Industry or business Self

FATHER
12. Name Robert Carl Stein
13. Birthplace Germany

MOTHER
14. Maiden Name Annabella Vikel
15. Birthplace Newfoundland

16 (a) Informant Gerald M. Stein
(b) Address 3022 Texas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

NOV 30 1940 (Date rec'd by registrar) Acting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1940 to Nov. 29 1940 and that I last saw him alive on Nov. 29 1940.

	Duration
Immediate cause of death: Cardiac failure	2 days
Due to: fever of unknown origin.	over
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Silverstein, M.D.
Address South Balto Gen'l Hosp. Date signed 11/29/40 M. D.

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Items not applicable should be marked "None" or "Unknown" except that if the exact age is not known the approximate age is especially important. Physicians: please write the causes of death clearly and legibly.

74971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B E 74971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard - Linden & Woodbourne
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 102 E. 21 St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary S. Clark

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: NAF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband or wife: Thomas W. Clark
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 3rd 1896

8. AGE: Years	Months	Days	If less than one day
44	2	3	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Andrew Tracey
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden Name: Elizabeth Wilson
15. Birthplace: York Co. Pa.

16 (a) Informant: Thomas W. Clark
(b) Address: 102 E. 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn, Balto. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 E. Pratt St

NOV 30 1940 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940, at 9:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1940, to 11-29 1940, and that I last saw h[illegible] alive on 11-29 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to auricular fibrillation	?
Due to Rheumatic heart disease	27 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature [illegible] M. D.
Address [illegible] Date signed 11/29/40

VS

74972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 74972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette Avenue
(c) Hospital or institution:
Miss Judge's Sanitorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elmira VanDaniker

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1855

8. AGE: Years	Months	Days	If less than one day
85	4	15	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John VanDaniker
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ann M. Stewart
15. Birthplace Maryland

16 (a) Informant Mrs. Blanche S. Marshall (niece
(b) Address Jefferson Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

NOV 30 1940 (Date received by Registrar) (b) Huntington Nolliqueus, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH November 28, 1940, at 1.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1940, to Nov. 28 1940, and that I last saw her alive on Nov. 27 1940.

	Duration
Immediate cause of death Cardiac insufficiency	2 days
Due to Bronchical Pneumonia	4 days
Due to Upper respiratory infection	2 weeks
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature George A. Ronigus M. D.
Address 3030 Edmondson Ave. Date signed Nov. 29 1940

VS 3

74973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 74973

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Bellona Ave, Woods (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Chambers Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Rees Wilson

6 (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Feb. 1, 1860

8. AGE: Years 80 | Months 9 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Boydon, Virginia (Town, county, and state)

10. Usual Occupation: President Rollings & Wilson

11. Industry or business: Stone Contractors

FATHER
12. Name: LeRoy Marion Wilson
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Julia Chambers
15. Birthplace: Virginia

16 (a) Informant: LeRoy C. Wilson, (Son)
(b) Address: Northwood Apts., Balto. Md.

17 (a) Disposition: Cremation (Burial, cremation, or removal) (b) Date thereof: 11-30-40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Old Frederick Rd.

18 (a) Funeral director: STEWART & MOWEN COMPANY (U. F. Mowen Sec.) 100 W. North Avenue
(b) Address

19 (a) NOV 30 1940 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-28 1940, at 5:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1940, to 11-28 1940, and that I last saw him alive on 11-28 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. F. Pearce, M. D.
Address: Union Memorial Hosp. Date signed: 11/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every answer must be filled in. Where there is no entry, write "None." Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

74974

HEALTH DEPARTMENT—CITY OF BALTIMORE

74974

CERTIFICATE OF DEATH

107

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 529 Bruns St (Ward) 26

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Thomas

If U. S. Veteran specify WAR _____

(a) Residence: No. 529 Bruns St., Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David

6. DATE OF BIRTH (month, day, year): Apr 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St Mary's Co Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

17. INFORMANT: Mrs. Elizabeth Thornton

(Address) 1425 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 11-30 19 40

19. UNDERTAKER: Mrs. Gus H. Holland

(Address) 1911 Druid Hill Ave

NOV 30 1940

20. FILED _____ 19 Huntington Williams Asst. H.O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1940 to Nov 27 1940

I last saw her alive on Nov 25 1940. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchial Pneumonia	13 days

Other contributory causes of importance:

Senile Dementia

Intestinal Indigestion

Was an operation performed? No If so, date of operation

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

34. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hattie Ellen M. D.

(Address) 624 Monroe ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

74975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 74975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Maisel Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Carrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Johnson
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) March 2, 1865

8. AGE: Years	Months	Days	If less than one day
75	8	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Theodore Boette
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Patient
(b) Address 1922 Maisel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mediaeval Memorial Park
Location Washington Blvd.

18 (a) Funeral director Ambrose, Jno.
(b) Address 4th & Frankfurter Rd.

19 (a) NOV 30 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28- 1940, at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27- 1940, to 11-28- 1940, and that I last saw h alive on 11-28-1940.

Immediate cause of death	Duration
Coronary thrombosis	?
Cardiac failure	
Due to A-S. Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray Lebkeicher M. D.
Address Balto. City Hosp. Date signed 11-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

74976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 74976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 N. Caste St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John William Nelson, Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1940

8. AGE: Years	Months	Days	If less than one day
—	2	12	hr. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name John William Nelson Sr.
13. Birthplace Bethel, Md.

MOTHER
14. Maiden Name Elva Thompson
15. Birthplace Balto., Md.

16 (a) Informant Parents
(b) Address 225 N. Caste St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) Nov 29 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to Nov 29 1940, and that I last saw him alive on Nov 29 1940

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to type 6 pneumococcus

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy not yet reported

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maynard Cohen
Address Sydenham Date signed Nov 29 1940

VS 3

74977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 X ✓ F 74977 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) 61

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. Eastern Ave & Island Ct Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Barbara Byard

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: Jacob Byard
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov 17. 1879

8. AGE: Years 61 | Months 0 | Days 11 | If less than one day: hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name John C. Rosel
13. Birthplace Germany

MOTHER — 14. Maiden Name Margaret Oberdorf
15. Birthplace Germany

16 (a) Informant A. B. Hoferkamp
(b) Address 1305 Bayless St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore Md

18 (a) Funeral director Dunrod A Covington
(b) Address 2120 Huntington Ave Williamsport, Md.

NOV 30 1940 (Date received by Registrar) ____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940 to 11-28 1940, and that I last saw her alive on 11-28 1940

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Post Operation	
Due to: Diabetes Mellitus & Diabetic Gangrene	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Amputation of Rt. Thigh
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J Sabatini
Address St Joseph Hosp Date signed 11-29-40 M.D.

F 74978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 74978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Fletch (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Wm. G. Wermuth

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-07-0918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 11-1899

8. AGE: Years	Months	Days	If less than one day
41	4	16	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation PRINTER AT

11. Industry or business SIMPSON & DOELLERS

FATHER
12. Name GEORGE WERMUTH
13. Birthplace GERMANY

MOTHER
14. Maiden Name WILHELMINA FLOCKMEYER
15. Birthplace GERMANY

16 (a) Informant ALMA WEISSNER (SISTER)
(b) Address 611 S. ELLWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 30-40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 30 1940 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1940 at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1940 to 11/27 1940 and that I last saw him alive on 11/27 1940

Immediate cause of death: Cardiac Decompensation - R+

	Duration
Due to	1 yr
Due to	
Other Conditions: Old Rheumatic Heart Disease (Include pregnancy within 3 months of death)	30 yrs

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 1202 E Date signed 11/29/40

VS 3

F 74979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 74979

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 S. CLINTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARGARET HANMELMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife CHARLES HANMELMAN
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV. 30 1862

8. AGE: Years	Months	Days	If less than one day
77	11	27	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name CONRAD BEHR
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY ANNA ?
15. Birthplace GERMANY

16 (a) Informant DAUGHTER
(b) Address 2117 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Leilan INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 30 1940 Huntington Williams M.D. Registrar
(b) Registered [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 27 1940 at 11/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Nov 27 1940, and that I last saw h[illegible] alive on Nov 26 1940.

Immediate cause of death
Cerebral Hemorrhage
Bronchopneumonia — Duration 3 years 5 days

Due to .....

Due to .....

Other Conditions Diabetes Mellitus
Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. H. Gordon M.D. 3400 Eutaw
Address .....
Date signed 11/29/40

F 74980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939 Registered No. F 74980

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or Institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6817 Holabird Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas H. NEWLON

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 212 05 4580

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Zellers
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1895

8. AGE: Years	Months	Days	If less than one day
45	2	11	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Gas Maker
11. Industry or business Gas and Electric

FATHER
12. Name William Newlon
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Gallagher
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2/40 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL CEM.
Location O'DONNELL ST.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 30 1940 (b) Huntington Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1940 at 9:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25, 1940 to Nov. 28 1940 and that I last saw him alive on Nov. 28, 1940

Immediate cause of death Cerebral embolism — Duration 3 da.

Due to Myocardial infarction with mural thrombosis — 2 wks.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [signature] M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/28/40

F 74981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 74981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 E. Lanvale Street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 E. Lanvale Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

6 8

3 (a) FULL NAME HARRY L. FEEHAN

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Wills Feehan

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1861

8. AGE: Years	Months	Days	If less than one day
79	9	19	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Railroad Man

11. Industry or business

FATHER
12. Name Patrick Feehan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Claffy
15. Birthplace Ireland

16 (a) Informant Catherine Wills Feehan
(b) Address 1722 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery
Location ____

18 (a) Funeral director Chas. E. Sykes Funeral Dir.
(b) Address 118 W. Mt. Royal Ave.

19 (Date received) NOV 30 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940, at 4:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940 to Nov. 28, 1940. and that I last saw him alive on Nov. 26, 1940.

Immediate cause of death	Duration
Cardio-vascular-renal disease	Uncertain
Due to arteriosclerosis	Uncertain
Due to Senility	____
Other Conditions	____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature Ro. B. Sykes M. D.
Address 1802 Harford Ave. Date signed 11-29-40

F 74982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B F 74982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4122 Curtis Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4122 Curtis Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA DREXLER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles Drexler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14 1893
8. AGE: Years 47 | Months 2 | Days 14 | If less than one day hr. min.
9. Birthplace St. Paul, Minnesota (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francis Sitter
13. Birthplace Germany

MOTHER
14. Maiden Name Paulina Herzog
15. Birthplace Germany

16 (a) Informant Mr. Frank Henneke
(b) Address 3104 McElderry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co., Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) NOV 30 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1940, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1940 to Nov. 28 1940 and that I last saw her alive on Nov. 27 1940

Immediate cause of death: Intracalvarial Tumor
Due to:
Due to:
Other Conditions: Cystic Mastitis
(Include pregnancy within 3 months of death)

Duration: Jan. 1940

Major findings:
Of operations:
Of autopsy:

1935

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Scott M.D.
Address 4815 Penning Terrace Date signed Nov. 29-40.

74983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V

F 74983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 S. Streeper St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 S. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. H. Milke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Katherine Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1866

8. AGE: Years	Months	Days	If less than one day
74	11	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Watchman Retired
11. Industry or business

FATHER
12. Name Henry W. Milke
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Ida E. Baldwin
(b) Address 905 S. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location E. Connell St.

18 (a) Funeral director John A. Miller
(b) Address 2304 Jefferson St.

NOV 30 1940 (Date rec'd by registrar)

(c) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940, to Nov 27 1940, and that I last saw h[illegible] alive on Nov 26 1940.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease.	
Chr. Myocarditis	
Due to Myocardial Failure.	Nov 24, '40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edith Schimmack M. D.
Address 842 S. Ponca Ave. Date signed 11-30-40

VS 2

F 74984 ✓ F 74984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. 1527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 2506 Ellamont St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Ellamont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia C. Ray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife John A. Ray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5/ 1854

8. AGE: Years 86 | Months | Days 24 | If less than one day hr. min.

9. Birthplace West Virgina (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name James Moore
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace W. Va.

16 (a) Informant Miss Eva Ray
(b) Address 2506 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Ave.

18 (a) Funeral director John F. Mutschall & Son
(b) Address 1900 Eutaw Place

19 (a) Nov. 30 1940 (b) Huntington Williams M.D. Registrar

Vs 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25th 1940, 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940, to Nov 25 1940, and that I last saw h[illegible] alive on Nov 25 1940

Immediate cause of death		Duration
	Pneumonia	
Due to	Senility	
Due to	Generalized Arteriosclerosis	
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Bozely M. D.
Address 3045 W North Ave. Date signed

F 74985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C Registered No. ×✓ F 74985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 25 1 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge, (If outside city or town limits, write RURAL and give town)
(d) Street No. Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emory Guyton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

(b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	23	____ hr. ____ min.

9. Birthplace ____ (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Abraham J. Guyton
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Ann Eliza Hobbs.
15. Birthplace Elkridge, Md.

16 (a) Informant St. Agnes' Hospt.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel Md.

18 (a) Funeral director E. Leroy Stiller Inc.
(b) Address 125 E. North Ave.

19 NOV 30 1940 (Date rec'd by registrar) (b) Huntingtor Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1940, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29-1940, to 11-29 1940, and that I last saw h[illegible] alive on 11-29 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs.

Due to Degen CV Dis

Due to Rheumatic Endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Parlow M. D.
Address St Agnes Date signed 11/30

F-74986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 74986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. High St (If rural give location)
3 (e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ronald Sapia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25-40

8. AGE: Years	Months	Days	If less than one day
	5	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Anthony Sapia
13. Birthplace N. J.

MOTHER 14. Maiden Name Selma Mc Fallaum
15. Birthplace N. J.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Balt. Md

18 (a) Funeral director Frank Della Rose
(b) Address 5 E. Madison St. Washington Blvd. Williams, M.D.

NOV 30 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1940. to Nov 29 1940. and that I last saw him alive on Nov 29 1940.

Immediate cause of death: influenzal meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M.D.
Address John Hopkins Hosp Date signed 11-30-40

F 74987 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 74987 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Auchentorlay Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Costello

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1886

8. AGE: Years	Months	Days	If less than one day
54	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Costello
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McGovern
15. Birthplace Baltimore

16 (a) Informant Mrs Elizabeth Arthur
(b) Address 3404 Auchentorlay Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Vernon Kuehn
(b) Address 2301 Edmondson Ave.

19 NOV 30 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1940, at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1940 to Nov 28 1940 and that I last saw h— alive on Nov 28 1940

Immediate cause of death: Cardiac failure due to
Due to: Arteriosclerotic cardiovascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 6 mos; Several years

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Root M. D.
Address Mercy Hospital Date signed Nov 30 1940

74988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 50

F 74988

1. PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 2029 Madison St., 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 2029 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: col

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Dolleigh Carroll

6. DATE OF BIRTH (month, day, year):

7. AGE: Years: 72 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse mp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Culpepper Va

FATHER

13. NAME: James Dykes

14. BIRTHPLACE (city or town) (State or country): Culpepper Va

MOTHER

15. MAIDEN NAME: Frances Lanham

16. BIRTHPLACE (city or town) (State or country): Culpepper Va

17. INFORMANT: Annie Dady

(Address) 2029 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Culpepper Va Date Dec 1, 1940

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED: Huntington Williams Mgr.

NOV 30 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1940 to Nov 29 1940

I last saw her alive on Nov 29 1940 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk

Other contributory causes of importance:

Carcinoma of left Breast 2 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Thos Shaw Higgins M. D.

(Address) 2243 Madison Ave.

Physicians should be careful supplied. AGE should be stated EXACTLY. information should be carefully state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

74989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 58-D

F 74989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give County)
Street No. 515 Burgundy St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Spence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/30/1929

8. AGE: Years	Months	Days	If less than one day
10 11	10	27	hr. min

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation School-Boy

11. Industry or business

FATHER 12. Name Henry Spence

13. Birthplace N. C.

MOTHER 14. Maiden Name Westilia Peterson

15. Birthplace Balto Md.

16 (a) Informant Westilia Spence.

(b) Address 515 Burgundy St.

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof 11/30/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

(c) Signature of local registrar Huntington Williams M.D. Registrar

NOV 30 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/40 19 , at 1.00 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Rheumatic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Stoltz M.D. Medical Examiner
Date signed 11/27/40

F 327403 74990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 124-B

F 74990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Capt. Roland F. Quillen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-71

8. AGE: Years	Months	Days	If less than one day
69	4	1	hr. min.

9. Birthplace Dela. (Town, county, and state)
10. Usual Occupation Post Master
11. Industry or business

FATHER
12. Name John D. Quillen
13. Birthplace Dela

MOTHER
14. Maiden Name Myrtle Moore
15. Birthplace Dela.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1940 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Laurel Del.
18 (a) Funeral director Chas. F. Fellows
(b) Address Millington Md.

19 DEC 1 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940 at 10 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1940 to Nov 30 1940 and that I last saw h alive on Nov 30 1940

Immediate cause of death Negative
in suffrency

Due to Biliary cirrhosis & multiple liver abscess

Due to Obstruction of bile ducts by adhesions

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cirrhosis of the liver, adhesions of intestines
Of autopsy Biliary cirrhosis, liver abscess.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H J Sherman M. D.
Address Johns Hopkins Hospital Date signed 11-30-40

VS 3

F 74991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A
(c) City or town Montevideo (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosa A Willis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Isaac Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1888

8. AGE: Years	Months	Days	If less than one day
52	1	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business None

FATHER
12. Name Edward A. Goldstein
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Martha Coffin
15. Birthplace Georgetown Del.

16 (a) Informant Edith Dione
(b) Address Millersville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery Savage Cemetery
Location Savage Md

18 (a) Funeral director A. Gill Appleton
(b) Address Laurel Md

19 (a) DEC 1 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940 at 2 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940 to Nov 29 1940 and that I last saw h alive on Nov 29 1940

Immediate cause of death Diabetic Coma — Duration —
Due to Diabetes — Duration 2 yrs
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin L Harts M.D.
Address Univ. Hosp Date signed 12/2/40

74992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

LH

137a Registered No. F 74992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 cN Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Widowed

6 (b) Name of husband or wife Malvonia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	27	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Robert Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 12 1 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mayothy Cem
Location Anne Arundel County

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna Ave

19 Dec 1 1940 (b) Huntingtor Md.
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1940, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1940 to 11-28 1940, and that I last saw him alive on 11-27 1940.

Immediate cause of death
Bronchopneumonia
Anuria
Due to Hemorrhage prostatic 2 days
Due to Benign prostatic hypertrophy ?
Other Conditions Uremia
(Include pregnancy within 3 months of death)

Duration 1 day

Major findings:
Of operations Bleeding prostate
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address Balto City Hosp Date signed 11-28-40

F 74993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 74993

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument & A
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Loyola S. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Barla, Rubin Nee Chart

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Isaac Rubin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 95 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Hyman Rubin

(b) Address 4133 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-40 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh

Location Windsor Mill Rd

18 (a) Funeral director Levi Levi

(b) Address 1439 E. Balto St

DEC 1 1940 (a) Date received by registrar (b) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1940, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23- 1940 to 11-30-1940, and that I last saw h[illegible] alive on 11/30 1940.

Immediate cause of death

(a) Pulmonary Edema

Acute cardiac Collapse

Due to

Bronchitis Chronic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Hornstein M. D.

Address 11/30/40 733 Aisquith St Date signed

F 74994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1313

F 74994

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 NEWINGTON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 NEWINGTON AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME YETTA EPSTEIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife MORRIS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ELIAS THEODORE
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant MORRIS EPSTEIN
(b) Address 828 NEWINGTON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-1-40 (month) (day) (year)
(c) Cemetery or crematory WASH. BLVD.
Location LAWDSDOWNE MD

18 (a) Funeral director Jos F Segis Inc.
(b) Address 1439 E. Baltimore St

19 (a) 1940 (Date received by registrar) (b) Interring for Williams MD (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940 at 8 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1930 to 11/29 1940 and that I last saw her alive on 11/29 1940

Immediate cause of death Chronic Myocarditis
Due to Endocarditis
Due to Chronic nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trumbley M. D.
Address 1111 Lee Date signed 4/30/40

F 74995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 74995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 N. Caroline Street
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Exeter St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Louis Pribonkin

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0209

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Dead
6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Bdg.

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name McKrum
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Md. Lodge

18 (a) Funeral director Jos. Louis Inc
(b) Address 1439 E. Baltimore St. or Pikesville, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29-40 1940. at 4 30/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1940. to 11-29 1940. and that I last saw him alive on 11-29 1940.

Immediate cause of death	Duration
Coronary Thrombosis	Few minutes
Due to	
Arteriosclerosis Cardiac Vascular Disease	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. Wellington Martens
Address St Joseph's Hospital Date signed 11/29/40 M. D.

F 74996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 74996 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 86 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Regina Heuisler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Thomas A. Heuisler
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1854

8. AGE: Years	Months	Days	If less than one day
86	0	3	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mathias Benzinger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Cook
15. Birthplace Maryland

16 (a) Informant Miss M. Elizabeth Benzinger
(b) Address 115 W. 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

DEC 1 1940

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940 to Nov 30 1940, and that I last saw h[illegible] alive on Nov 29 40

Immediate cause of death	Duration
A Bronchitis	one week
Due to Chr. Myocarditis	—
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter W. Krebs Jr. M. D.
Address 2800 St Paul St Date signed 11/30/40

F 74997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 74997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Beaumont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Beaumont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank E. Wise

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Amelia Wise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1862

8. AGE: Years	Months	Days	If less than one day
78	10	29	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Brick Layer

FATHER 12. Name Edward L. Wise
13. Birthplace Md.

MOTHER 14. Maiden Name Martha McCubbas
15. Birthplace Md.

16 (a) Informant Arthur L Bell
(b) Address 507 Beaumont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

DEC 1 1940 (Date received by Registrar) (b) Signature of Registrar Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30th 1940 at 4:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Nov 30 1940, and that I last saw him alive on Nov 29 1940

	Duration
Immediate cause of death	
Tuberculosis.	7 days.
Due to Tuberculosis of Rectum	four years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colon Tuberculosis - Sept 1940
General tuberculosis Toxemia.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bowman and Wood M. D.
Address 2200 Garrison Blvd Date signed Nov 30-40

F 74998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-E

Registered No. B 74998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2712 Mosher st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jimmie Charles Kendrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26 1940

8. AGE: Years	Months	Days	If less than one day
—	4	4	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jimmie Kendrick
13. Birthplace Charlotte N. C.

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Miami

16 (a) Informant Betty Lou Saffran
(b) Address 2712 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) DEC 1 1940 (Date received by Registrar) (b) Huntington Willi Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 10 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1940 to 11/30 1940 and that I last saw him alive on 11/29 1940.

Immediate cause of death Congenital Heart Disease — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer Laughlin, M. D.
Address 400 N. Payson St Date signed 11/30/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

74999

74999

CERTIFICATE OF DEATH

1-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Glendale Ave. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Oliver Nickles

If U. S. Veteran specify WAR

(a) Residence: No. 3200 Glendale Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes May Nickles

6. DATE OF BIRTH (month, day, year) Dec. 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	—	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R.R.

10. Date deceased last worked at this occupation (month and year) March, 1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME Geo. Christian Nickles

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Georgiana Forsythe

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Chas. C. Nickles

(Address) Burtonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec. 2, 1940

19. UNDERTAKER Langrall Funeral Home

(Address) 7401 Belair Road

20. FILED ... 19...

DEC 1 - 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from ... 1934 to Nov. 29, 1940

I last saw him alive on Nov. 28, 1940. Death is said to have occurred on the date stated above, at 4.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1934

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. ~~If death was due to external causes (violence) fill in also the following:~~

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Bacon, M. D.

(Address) 2810 Taylor Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No. F 75000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County — Balto
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles H. Seward

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lena Seward
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 7, 1864

8. AGE: Years	Months	Days	If less than one day
76	7	21	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name Solomon Seward
13. Birthplace ?

MOTHER
14. Maiden Name — Baker
15. Birthplace ?

16 (a) Informant Mrs. C. H. Seward
(b) Address 7815 Philadelphia Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave., Balto., Md.

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Road

19 (a) DEC 1 - 1940 (Date rec'd by registrar) (b) Harding & Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1940, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1940 to 11/28 1940, and that I last saw him alive on 11/28 1940

Immediate cause of death	Duration
Carcinomatosis	1 month
Due to Carcinoma of Recto-Sigmoid	2 years
Due to	
Other Conditions Recto-vesical fistula (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp Date signed 11/28/40 (M. D.)

UF 75001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

V F 25001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo5da

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)

(d) Street No. Greenway Apartment
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Virginia Holloway

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Reuben Ross Holloway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1862

8. AGE: Years	Months	Days	If less than one day
78	2	27	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jacob W. Houck

13. Birthplace New Market, Maryland.

MOTHER 14. Maiden Name Susan F. Porter,

15. Birthplace Porter's Bar Plantation, Back River, Maryland.

16 (a) Informant Records U. S. Marine Hospital.

(b) Address Baltimore, Md.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

DEC 1 1940 (Date received by Registrar) (b) Harriet [illegible] Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1940, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25, 1940 to Nov. 30 1940, and that I last saw her alive on Nov. 30, 1940

Immediate cause of death: Coronary thrombosis — Duration: 11-26-40

Due to: Cardio vascular renaldisease — Unknown

Due to: Arteriosclerosis, general — Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. J. C. Archer / Eug. Gaddis M.D.

Address U. S. Marine Hospital, Baltimore, Md. Date signed 11/30/40

F 75002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-40

F 75002

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address [redacted] W. Cross St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State [redacted] (b) County

(c) City or town

(If outside city limits write RURAL and give town)

(d) Street No. 128 W. Cross St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Forman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	wh	M

6 (b) Name of husband or wife John Forman

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29 1905

8. AGE: Years	Months	Days	If less than one day
35	11	28	hr. min.

9. Birthplace Oxford Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER

12. Name Charles Crewn

13. Birthplace N.B.

MOTHER

14. Maiden Name Betty Heggie

15. Birthplace N.B.

16 (a) Informant Retta Crewn

(b) Address 128 W Cross St

17 (a) Burial (b) Date thereof 12-1-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cy

Location Balto Md

18 (a) Funeral director Isaiah L. Brown

(b) Address 108 W Monument St

19 (a) (Date rec'd by registrar) (b) Huntingtow Williams M.D.

DEC 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Nov 27 1940, and that I last saw her alive on Nov 27 1940.

Immediate cause of death Cerebral Apoplexy — Duration 2 hrs

Due to —

Due to Arteriosclerosis Hypertension — Duration 3

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature L. O. Williams M.D.

Address 911 Warren Date signed 12/1/40

F 75003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 75003

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 N. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Esther Hack McGruder

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Ernest
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/6/1888

8. AGE: Years	Months	Days	If less than one day
52	10	22	hr. min.

9. Birthplace Bowling Green Ky.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob W. Bothic
13. Birthplace Bowling Green, Ky.

MOTHER
14. Maiden Name Emma Jewell
15. Birthplace Bowling Green, Ky.

16 (a) Informant Ernest McGruder (H)
(b) Address 522 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore, Md.

18 (a) Funeral director Charles Cooke
(b) Address 514 N. Calhoun St.

19 (a) DEC 2 1940 (b) Hunting for Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940 to Nov 28 1940 and that I last saw h.. alive on Nov 28 1940.

Immediate cause of death

Cerebral Thrombosis

Due to Uremia Pyelitis & Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
5 hrs
14 Dy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. B. Fletcher M.D.
Address 1725 E. Lee Date signed 11/30/40

38#75004 BALTIMORE CITY HEALTH DEPARTMENT F 75004

CERTIFICATE OF DEATH 74-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 N Wolfe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Domenick Colangelo

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-3701

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Josephine

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 2-22-1892

8. AGE: Years	Months	Days	If less than one day
48	9	7	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER 12. Name Michael Colangelo
13. Birthplace Italy

MOTHER 14. Maiden Name Verolitti Angelosa
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Kendall & Humphreys
(b) Address 1701 N. Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 29 1940, at 3:33 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1940, to Nov 29 1940, and that I last saw him alive on Nov 29 1940.

Immediate cause of death	Duration
Acute myeloid Leukemia	
Due to	
Due to	
Other Conditions Cardiac failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mitchell H. Miller
Address Date signed 12-29

HEALTH DEPARTMENT—CITY OF BALTIMORE

75005 also Format 1 — CERTIFICATE OF DEATH — 119aF 75005

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America St. 9 D-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Robert Evans

(a) Residence: No. 2349 Frederick Avenue St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Birth F - 18950

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Evans

14. BIRTHPLACE (city or town) Pittsburgh (State or country) Pa

MOTHER

15. MAIDEN NAME Florence Shaw

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Florence Evans

(Address) 2349 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 2 1940

19. UNDERTAKER Harry L. Wilke

(Address) 4101 Edmondson Ave

20. FILED DEC 1 1940 19 Hattie Lee Williams D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/40, 19

22. I HEREBY CERTIFY, That I attended deceased from November 5 1940 to November 29 1940

I last saw him alive on November 28 1940 Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of death
Intractable diarrhea & vomiting	11/28/40
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard Gaye M. D.

(Address) Volunteers Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75006

David Green Jr

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-DE 75006 Registered No.

THE MORGUE — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sin. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Orford Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Green Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rachel Green

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov. 20 - 1873

8. AGE: Years 67 | Months 0 | Days 9 10 | If less than one day ... hr. ... min.

9. Birthplace: Virginia (town, county, and state)

10. Usual Occupation: Tobacco

11. Industry or business

FATHER
12. Name: David Green Sr
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Rachel Green
(b) Address: 521 Orford Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cems.
Location: Baltimore Md.

18 (a) Funeral director: Md Frances A. Hemsley
(b) Address: 578 N. Eutaw Street

19 DEC 2 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 29 - 1940, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Howell M.D. Medical Examiner.
Date signed 11-30-40

75007 Coffin F 75007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts.
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Berlin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Coffin

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Himself

FATHER
12. Name Alfred P. Coffin
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Griffin
15. Birthplace Md

16 (a) Informant Raymond Davis
(b) Address Berlin Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4/40 (month) (day) (year)
(c) Cemetery or crematory Episcopal Ch Yard
Location Berlin Md
18 (a) Funeral director J. W. Burbage
(b) Address Berlin Md
DEC 2

19 (a) 12/2/40 (Date received by registrar) (b) Signature for Williams, U.P. Clerk

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1940, to 12-1 1940, and that I last saw him alive on 12-1 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension C.V.R.D.	
Due to	
Other Conditions Pantaloon Hernia. Right - 8 days post op. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haase M. D.
Address Univ. Hosp. Date signed 12-4-40

F 75008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 75008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Winchester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Winchester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME Louis Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Jeweler
11. Industry or business Self

FATHER
12. Name
13. Birthplace R.

MOTHER
14. Maiden Name
15. Birthplace R.

16 (a) Informant Irving Miller
(b) Address 1519 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Mt. Carmel

18 (a) Funeral director Jos. Levine Inc
(b) Address 143 E. Balto

19 (a) 1940 (Date received by registrar) (b) Filed by Wm. [illegible], M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1-40 19 at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-30-1940 to Dec-1-1940, and that I last saw him alive on Dec-1 1940.

Immediate cause of death Cerebral Hemorrhage — Duration: probably about 3 yrs
Due to Cardio-vascular disease
Due to hypertension & arteriosclerosis
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Herman Hersch M. D.
Address 2401 E. Eutaw Pl. Date signed 12/1/40

384821 F 75009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 St Matthew (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Herbert BAILEY.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-95

8. AGE: Years	Months	Days	If less than one day
45	3	20	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation HOUSEWORK

11. Industry or business

FATHER 12. Name William Sanders
13. Birthplace VA

MOTHER 14. Maiden Name Missouri Jones
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary.
Location Brooklawn

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 405 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Nov 30 1940, and that I last saw her alive on Nov 30 1940.

Immediate cause of death Respiratory Paralysis — Duration 4 mo.

Due to Ascending paralysis of Landry's Type

Due to undetermined cause

Other Conditions.

(Include pregnancy within 3 months of death)

Major findings:
Of operations.
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hilton Klein M. D.
Address Johns Hopkins Hosp. Date signed 12/3 1940

60746 MD

F 75010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-7

F 75010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 H Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-1886

8. AGE: Years 54 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John
13. Birthplace Balto.

MOTHER
14. Maiden Name Anna
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) Registered DEC 2 1940 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1940, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1940, to 11-27 1940, and that I last saw h.a.m. alive on 11-27 1940.

Immediate cause of death
Ceremonia of Right Maxillary Sinus | multi metastasis — Duration 6 mo(t.)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balt. City Hosp. Date signed 11-27-40

F 75044-RD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-a

F 75011

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 N. Howard st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 T

3 (a) FULL NAME Donald W. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-38

8. AGE: Years	Months	Days	If less than one day
2	4	4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Clifton Tumble
13. Birthplace Va.

MOTHER
14. Maiden Name Dorothy Smith
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetry
Location A. A. County Pounty Md.

18 (a) Funeral director Mrs. R. A. Elliott's Daughter
(b) Address 1129 N. Carlin Pk.

19 (a) (Date rec'd by registrar) DEC 2-1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940 to Nov. 29 1940 and that I last saw him alive on Nov. 29 1940

Immediate cause of death Miliary Tuberculosis
Due to

Due to

Other Conditions, Tuberculous Meningitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Some.

Duration Guess?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Lambert M. D.
Address B.C.H. Date signed

3888 75012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N F 75012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-26-85

8. AGE: Years	Months	Days	If less than one day
55	4	3	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name James Watt
13. Birthplace N.C.

MOTHER
14. Maiden Name Hattie
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. J. Elliott & Daughter
(b) Address 1129 N. Carlton St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 2 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1940, to Nov 29 1940, and that I last saw her alive on Nov 29 1940

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: arteriosclerosis

Due to:

Other Conditions: uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address Johns Hopkins Hosp. Date signed 11-29

F 75013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 E. Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E. Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Purvis France

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1864

8. AGE: Years	Months	Days	If less than one day
76	3	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joseph France
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Susan Strickler
15. Birthplace Pennsylvania

16 (a) Informant Jesse France M. Myers
(b) Address 6205 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Road

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1000 Eutaw Place

19 (a) Dec 1940 (Date rec'd by registrar) (b) Filed by Registrar Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1940, at 7.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 11-30 1940, and that I last saw her alive on 11-29 1940.

Immediate cause of death
CHR. ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration 5 Yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Downey M. D.
Address 1129 St. Paul St. Date signed 12-1-40

F 75014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1190

F 75014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Somerset St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Donald J. Tasker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/4/40

8. AGE: Years	Months	Days	If less than one day
	1	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Frank Tasker

13. Birthplace Baltimore

MOTHER 14. Maiden Name Elvira Salmon

15. Birthplace Pennsylvania

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)

(c) Cemetery or crematory Sparks Cem

Location Sparks Md

18 (a) Funeral director George J. Smith Son

(b) Address 1735 Harford Ave

19 (a) (Date rec'd by registrar) (b) Washington Metropolitan Registrar

DEC 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-30 1940, 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 10 am 1940 to 11-30 8:25 pm 1940, and that I last saw him alive on 11-30 1940.

Immediate cause of death	Duration
? sinus thrombosis	
Due to dehydration	2 days
Due to diarrhea	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.

Address Johns Hopkins Hosp. Date signed 11-30-40

F 75015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 75015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co. DUNDALK
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 Edgewater Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ronald Ayers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1939

8. AGE: Years	Months	Days	If less than one day
	11	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Ayers
13. Birthplace Dawgian Mich

MOTHER
14. Maiden Name Esther Tully
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Esther Ayers
(b) Address 21 Edgewater Ave Dundalk
17 (a) Burial (b) Date thereof 12/2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore County
18 (a) Funeral director John M. Weber
(b) Address 407 S. Chester Street
19 (a) DEC 2 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940 at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940 to 11-29 1940, and that I last saw h~~im~~ alive on 11-29 1940.

Immediate cause of death Congenital Heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Congenital disease of Pulmonary Artery

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 11-30-40

F 75016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-A

F 75016 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 S. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Michalina Bayer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Bayer
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ? Pawlicki
13. Birthplace Poland

MOTHER
14. Maiden Name Antmanson
15. Birthplace Poland

16 (a) Informant Mrs. Katherine Anuszewski
(b) Address 515 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (Date Rec'd by Registrar) (b) Interment or Removal to Williamsport

DEC 2 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Nov 29 1940, and that I last saw h.ed alive on Nov 29 1940.

Immediate cause of death
Chronic hypercalcity
Chronic nephritis Interstitial
Due to

Due to

Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 yrs
4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo. A. Patapsco M. D.
Address 412 S. Patterson Pk. Date signed 11/30/40

F 75017 F 75017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Flute St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Gizinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1940

8. AGE: Years	Months	Days	If less than one day
	8½	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard J. Gizinski Jr.
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Constance Smutek
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Constance Gizinski
(b) Address 1818 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Welsh
(b) Address 401 S. Chester Street

19 (a) DEC 2 - 1940 (Date rec'd by registrar) (b) Huntingtown Hillsboro Md (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to 11-30 1940, and that I last saw him alive on 11-30 1940.

Immediate cause of death	Duration
Acute Erythroblastic Anemia	
Due to unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W S Daughartey M. D.
Address Franklin Square Hosp Date signed 11-30-40

F 75018 F 75018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Hanover Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Rose Romaniello - Romaniello

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1877

8. AGE: Years 63 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Philip Del Buono
13. Birthplace Italy

MOTHER
14. Maiden Name Lena Roberto
15. Birthplace Italy

16 (a) Informant Charles Romaniello
(b) Address 1501 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 3 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Fernan Hill Rd

18 (a) Funeral director Martin H. E. Dippel
(b) Address 7110 Belair Rd

19 (c) DEC 3 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 9:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30 1940, to Nov. 29 1940, and that I last saw h[illegible] alive on Nov. 29 1940.

Immediate cause of death: Hypostatic Bronchopneumonia — Duration: 4 days
Due to: Cerebral embolism, Left. — 31 days
Due to: Cardiac Decompensation
Due to: Hyper tension — over
auricular fibrillation
Other Conditions: amputated left leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B Kinnear M.D.
Address U. of Md. Hosp. Date signed 11/29/40

VS 8

75019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 75019

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 W. Lafayette Ave St., 16 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Marion Elmer Shipley

If U. S. Veteran specify WAR ____

(a) Residence: No. 1945 W. Lafayette Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lulu L. Shipley

6. DATE OF BIRTH (month, day, year) Sept 24 1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
77	2	24 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. County

FATHER

13. NAME ____

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hannah Beel

16. BIRTHPLACE (city or town) (State or country) Balto. County

17. INFORMANT Mrs Foster
(Address) 1945 W. Lafayette Ave.

18. (BURIAL), CREMATION, OR REMOVAL

Place Western Date 12/3 19 40

19. UNDERTAKER Roland L. Feathley
(Address) 612 N. Monroe St.

20. FILED DEC 2 - 1940 Acting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 25th 1940 to Nov. 30 1940

I last saw h[illegible] alive on Nov 30th 1940. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	Months

Other contributory causes of importance: Acute Alcoholic Cardio-Vascular Disease

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) M. F. Bruce M. D.

(Address) 324 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8.2

F 75020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75020 Registered No. 170-e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kenneth L Walbert

3 (b) If veteran, name war

3 (c) Social Security Account No 218-01-1100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1920

8. AGE: Years	Months	Days	If less than one day
20	11	0	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Construction

FATHER 12. Name Walter J. Walbert

13. Birthplace Md

MOTHER 14. Maiden Name Pyle

15. Birthplace Md

16 (a) Informant Walter J. Walbert

(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Morgan Chapel

Location Woodlawn Md.

18 (a) Funeral director C. Harry Weir

(b) Address Lutherville, Md.

19 (a) DEC 2 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Wound of Skull — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/1/40
(c) Where did injury occur Liberty Rd near Ivan Rd Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage (Specify type of place) While at work?
(e) Means of injury Hanging tire - struck by antenna

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 12/2/40

F 75021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-N

F 75021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County
(c) City or town San Leandro
(If outside city or town limits, write RURAL and give town)
(d) Street No. 450 Superior Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Brown Petrie

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irene Finlayson
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) August 9, 1885

8. AGE: Years	Months	Days	If less than one day
55	2 3	20	hr. min.

9. Birthplace New York, N. Y.
(Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business SS LAHAINA

FATHER
12. Name Robert Petrie
13. Birthplace Scotland

MOTHER
14. Maiden Name Marion Roach
15. Birthplace Ireland

16 (a) Informant Records- U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Cremation (b) Date thereof Dec. 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 (a) DEC 2 1940 (b) Huntington Hollows, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1940, to Nov. 29, 1940, and that I last saw him alive on Nov. 29, 1940.

Immediate cause of death	Duration
Uremia and Broncho pneumonia	10 da.
Due to Arteriolar sclerotic kidneys	
Due to Hypertensive heart disease	Months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Dunn M.D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11/29/40

F 75022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75022 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3043 Brighton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 7/12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 Brighton St (If rural give location) 167
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace W Sweany

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 13 1871
8. AGE: Years 69 | Months 1 | Days 17 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business —

FATHER
12. Name J. H. Sweany
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cornelia Wheeler
15. Birthplace A. A. Co. Md.

16 (a) Informant Mr Henry Burke
(b) Address 3806 South St Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 - 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave

18 (a) Funeral director William M Mareck
(b) Address 716 Light St Cor Williams, Md

19 (a) DEC 2 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 11:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Nov 30 1940 and that I last saw h[er] alive on Nov 29 1940.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	4 yrs
Contributed Hemorrhage	3 mos.
Due to: Renal Arteriosclerosis	5 years
Due to: Diabetes Mellitus	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert F Poehlman M.D.
Address 6 East Biddle St Date signed 12/4/40

F 75023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75023 X 107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2463 Ritchie Highway & Cedar Hill Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs

3 (a) FULL NAME Annie L. Jacobs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Eugene L Jacobs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 29 1873

8. AGE: Years	Months	Days	If less than one day
67 73	3	17	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housework at home

11. Industry or business

FATHER
12. Name: Thomas R Landin
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Barranger
15. Birthplace: Md

16 (a) Informant: Mrs. Dorothy Bonta
(b) Address: Ritchie Highway & Cedar Hill Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-40 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Brooklyn Md

18 (a) Funeral director: William M Marecek
(b) Address: 715 Light St

19 (a) DEC 2 1940 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1 1940, at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1940, to Dec 1 1940, and that I last saw her alive on Dec. 1 1940

Immediate cause of death	Duration
Cardiac failure	3 hrs
Due to: Bronchopneumonia	
Due to:	
Other Conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A Bernstein M.D.
Address: South Balto Gen'l Hosp Date signed: 12-4-40

VS 3

F 75024

75024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 75024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

62

3 (a) FULL NAME Nelson Ireland

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Williamina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1896

8. AGE: Years	Months	Days	If less than one day
44	8	26	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation Roofer

11. Industry or business

FATHER 12. Name Nelson Ireland

13. Birthplace Annapolis, Md.

MOTHER 14. Maiden Name Matilda Sims

15. Birthplace Annapolis Md

16 (a) Informant Williamina Ireland (wife)

(b) Address 1619 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2-1940 (month) (day) (year)

(c) Cemetery or crematory Mathewson Cemetery

Location Frederick Road

18 (a) Funeral director P. Brooks

(b) Address 1453 N. Carey St Baltimore, Md.

19 (a) DEC 2 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940 at 3:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral edema following Concussion Multiple fractures — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/28/40 Time Noon
(c) Where did injury occur? Eastern Parking Mall - Eastern Ave (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Lunch hour (Specify type of place)
(e) Means of injury Fell through roof - fall 30 feet

23. Signature [illegible] M.D. Medical Examiner

Date signed 11/29/40

75025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 75025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 S. Clarkson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 S. Clarkson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Zeller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12th 1851

8. AGE: Years	Months	Days	If less than one day
89	5	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name George Zeller
13. Birthplace Md.

MOTHER 14. Maiden Name Emoline Sheckels
15. Birthplace Md.

16 (a) Informant Mrs. Zeller
(b) Address 1404 S. Clarkson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patt Park Ave

19 (a) (b) Rec'd by registrar Herbert Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Nov. 28 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1940 to Nov. 28 1940 and that I last saw h. alive on Nov. 28 1940

Immediate cause of death	Duration
Exhaustion	1 day
Due to Arteriosclerosis	Indefinite
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. S. Campfield M. D.
Address 1644 Hanover St Date signed

F 75026 F 75026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 122-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2545 Francis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Louise Leydecker

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Frederick George Edward Leydecker | 6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1878

8. AGE: Years	Months	Days	If less than one day
62 61	10	15 16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George W. Raab.
13. Birthplace Balto.

MOTHER 14. Maiden Name Mary Louise Simon
15. Birthplace Pa.

16 (a) Informant Mrs. Orville K. Price
(b) Address 2545 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) 4 (day) 40 (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Hess, Wilson & Son
(b) Address 2503 Edmondson Ave

19 (a) Date received DEC 2 1940 (b) Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940, at 5 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1940, to Dec 1 1940, and that I last saw her alive on Nov 30 1940.

Immediate cause of death	Duration
Heart failure	
Due to Paralytic ileus & intestinal obstruction.	
Due to Diffuse peritonitis & ruptured diverticulitis of sigmoid.	
Other Conditions Gross Pabotation - right. ovar	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess about sigmoid & peritonitis.
Of autopsy Same.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Meade M. D.
Address Mercy Hospital Date signed Dec 1, 1940

75027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

F 75027

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2707 Brookland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2707 Brookland Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob J. Luther.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-3768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife Lydia Luther.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan - 17 - 1873

8. AGE: Years	Months	Days	If less than one day
67	10	19	hr. 1 min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name George Luther

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Emma H. Maurer.

15. Birthplace Baltimore Md.

16 (a) Informant Mrs Wm Ragzle.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Keogh

(b) Address 5305 Harford Rd

(c) [illegible] Funeral Home, Inc. Baltimore, Md.

19 Date rec'd by registrar 12-4-40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1- 1940 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3-1939 to 12-1-1940 and that I last saw h alive on 11-30-1940.

Immediate cause of death	Duration
Cardio-vascular renal disease	[illegible]
Due to arteriosclerosis	[illegible]
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jno. B. Gilbert M. D.

Address 2807 Harford Ave Date signed 12-1-40

F 75028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75028 Registered No. 22-N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1940, at 1:30 AM

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-40

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace City Hospital, Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Dorthy Brown
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Minnie Nelson
(b) Address 1535 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. E. Nelson
(b) Address 1130 E. Fresstman St.

19 (a) DEC 2-1940 (Date rec'd by registrar) (b) Huntington Williams Md. (Registrar)

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-1940, to 12-1 1940, and that I last saw h.(m) alive on 12-1 1940.

Immediate cause of death: Strangulated obturation
Due to: Strangulated Inguinal Hernia
Due to
Other Conditions: Cerebral spastic paralysis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hosp. Date signed 12-4-40

VS 8

F 75029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G

Registered No. F 75029

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Westwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	ed	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1905

8. AGE: Years	Months	Days	If less than one day
35	10	26	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Edward Thomas
13. Birthplace md

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Edward Thomas
(b) Address Charles Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Charles Co. Md

18 (a) Funeral director Geo. F. Kylson
(b) Address 130 Pennsylvania Ave.
(c) DEC 2 1940 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1940, at 8:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1940, to 11-30 1940, and that I last saw h/e alive on 11-30 1940.

Immediate cause of death Acute Yellow Atrophy — Duration 3 weeks
Due to Neoarsphenamine — Duration over
Due to — Duration
Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musacchio M. D.
Address Provident Hospital Date signed 11-30-40

VS 3

F 75030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Rural - Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 DK (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Woolford

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Matilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1864

8. AGE: Years	Months	Days	If less than one day
76	32	6	hr. min.

9. Birthplace Frankford, Delaware (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Woolford
13. Birthplace Delaware

MOTHER
14. Maiden Name Hetty Lockwood
15. Birthplace Delaware

16 (a) Informant Georgia Stevens
(b) Address 628 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. M. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D.

DEC 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940, at 5 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-[illegible] 1940, to 11-29 1940, and that I last saw him alive on 11-29 1940.

Immediate Cause of death: Cardio Vascular disease — Duration: 4 years

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. P. Muncaender M. D.
Address President Hospital Date signed 11-30-40

F 75031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 75031

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1148 Carey St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1148 N Carey St (If rural, give location)

16

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathan Johnson

3 (b) If veteran, name war W. W

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Married

6 (b) Name of husband or wife Louisa

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) April 8 1899

8. AGE: Years	Months	Days	If less than one day
41	7	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER — 12. Name William Johnson

13. Birthplace Balto Md

MOTHER — 14. Maiden Name Lillie Young

15. Birthplace Md

16 (a) Informant Louisa Johnson

(b) Address 1148 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)

(c) Cemetery or crematory Balto National

Location Balto Md

18 (a) Funeral director David L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) DEC 2 — 1940 (Date rec'd by registrar) Practicing Physician, M.D.

(b) Address [illegible] Date signed 12-3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Nov 29 1940, and that I last saw h[illegible] alive on Nov 29 1940.

Immediate cause of death	Duration
Acute Myocarditis	2 days
Due to Diabetes Mellitus	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

VS 8

F 75032 Michael John Dorman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 F 75032 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Wilkens
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 80

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Michael Joseph Dorman

3 (b) If veteran, name war —— | 3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margaret Kelly
6 (c) If alive, give age 60 years.

7. Birth date of deceased (mo., day, yr.) Feb. 9 - 1860

8. AGE: Years	Months	Days	If less than one day
80	9	22	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Letter carrier
11. Industry or business

FATHER
12. Name John Dorman
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McCarty
15. Birthplace Ireland

16 (a) Informant Mrs Margaret K Dorman
(b) Address 19 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Frederick Rd & Augusta Ave.

18 (a) Funeral director H W Meyers, Son
(b) Address 805 North Calvert St.

(a) —— (b) —— (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940, at 2.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1940, to 12-1 1940, and that I last saw h/ alive on 11-30 1940.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to Organic C.V. Dis
Due to Arteriosclerosis
Other Conditions Small carcinoma Rectum
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sew Parker M. D.
Address St Agnes Hosp Date signed 12/11/40

75033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Hotel Stafford
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): ---
(e) Length of stay in Baltimore (yrs., mos., or days): About 72 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: -----
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 16-22 Charles & Madison Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME: M. Frances Cummings

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): -------

8. AGE: Years	Months	Days	If less than one day
About 82	---	---	--hr. ---min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: -----

FATHER
12. Name: John Cummings
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ellen E. Gorman
15. Birthplace: Maryland

16 (a) Informant: Miss Margaret J. Cummings
(b) Address: Hotel Stafford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Frederick Road & Augusta Ave.

18 (a) Funeral director: H. W. Myers and Son
(b) Address: 805 N. Calvert Street

19 (a) Filed DEC 2 1940 (b) Signature of Registrar: Hattie Williams, M.R.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1940 to Nov. 30 1940 and that I last saw ... alive on Nov. 30 1940

Immediate cause of death: Bronchial Pneumonia — Duration: 5 days
Due to: Infirmities of age — Duration: 10 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State): —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: R. B. Kuser M. D.
Address: Westworth Apts. Date signed: Dec 2 1940

F 75034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75034

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Jonestown)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. West Falls Ave. Mt Vernon (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Con Dinamon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1864

8. AGE: Years	Months	Days	If less than one day
76	9	19	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Michael Dinamon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McDonald
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory Second Heart Mem. Location Orems Hillrd - Baltimore, Md

18 (a) Funeral director John J. Fahey Sons
(b) Address 1210 Light St.

19 (a) (Date rec'd by registrar) (b) Interred, Md.

DEC 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1940 at 6:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1940 to 11/24 1940 and that I last saw h Was alive on 11/24 1940.

Immediate cause of death	Duration
Bronchopneumonia.	2 weeks
Uremia	
Due to Prostatic hypertrophy	one
Due to	
Other Conditions Varicose ulcers,	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 11/28/40

75035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 75035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 N Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Horwitz
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870
8. AGE: Years 70 Months Days If less than one day hr. min.
9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name Wolf Horwitz
13. Birthplace Austria

MOTHER
14. Maiden Name Hannah Stulman
15. Birthplace Austria

16 (a) Informant Mrs George Diamond
(b) Address 1910 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cem
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) DEC 2 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1940, at 11.49 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1940, to 12-1 1940, and that I last saw h[illegible] alive on 12-1 1940

Immediate cause of death
Uremia — Duration 5 days
Due to Stricture of urethra
Due to
Other Conditions Prolapse of rectum
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prolapse of rectum.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Jay Wilder
Address Sinai Hospital Date signed 12-2-40 M. D.

F 75036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 Herkimer St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Herkimer (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Joseph (Briggs) Bridicks.
3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-84-0159

4. Sex male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced:** Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) JAN. 1 - 1904
8. AGE: Years 36 | Months 10 | Days 29 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Tailor.
11. Industry or business

FATHER
12. Name Joseph. Bridicks
13. Birthplace Lith. Ps

MOTHER
14. Maiden Name Marcella. Belskas
15. Birthplace Lith.

16 (a) Informant Marcella. Bridicks
(b) Address 1319 Herkimer St
17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec 2 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director Joseph Leanardi Inc
(b) Address 640 Park Ave
DEC 2 - 1940 (Death rec'd by registrar) (Huntington Hilliard Hall)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30th 1940 at 9.20 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30th 1940. to Nov 30 1940 and that I last saw him alive on Nov 30th 1940.

Immediate cause of death Pulmonary Tuberculosis — **Duration** 3 hrs 11 M
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Samuel Heintzy. M. D.
Address 3735 Park Heights Ave Date signed Dec 1st 40

VS 3

F 75037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-F

Registered No. F 75037

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 Ridgely St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Ridgely St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret M. Legg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Albert Legg
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1913

8. AGE: Years	Months	Days	If less than one day
27	8	24	..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Manner
13. Birthplace Md

MOTHER 14. Maiden Name Gertrude McGuire
15. Birthplace Pa

16 (a) Informant Albert Legg
(b) Address 1035 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E Wash St

DEC 2 - 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Multiple aneurysms of spinal cord; Spontaneous	
Due to rupture; hemorrhages in spinal cord	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 12/2/40

VS 6

75038
38 2674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 75038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Pr. Georges
(c) City or town Seat Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. 561 Chapel Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Houston Simms

3 (b) If veteran, name war

3 (c) Social Security Account No. Will send Card

4. Sex Male | **5. Color or race** Black | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-92

8. AGE: Years	Months	Days	If less than one day
48	4	28	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER 12. Name Edward Simms
13. Birthplace Ala

MOTHER 14. Maiden Name Laura McInaney
15. Birthplace Ala

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/6/40 (month) (day) (year)
(c) Cemetery or crematory Lincoln Memorial Cem
Location Montgomery Co., Md.

18 (a) Funeral director Thos. Frazier Hoy
(b) Address 359 R. I. Ave N. W. Wash. D. C.

19 (a) DEC 2 1940 Huntington Maryland Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1940 to Nov 30 1940, and that I last saw him alive on Nov 30 1940

Immediate cause of death	Duration
Chronic nephritis	two months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged ofinitially.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper Jr. M. D.
Address Johns Hopkins Hospital Date signed Nov. 30, 40.

75039

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

59334 75039
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:
4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Old York Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Reilley

3 (b) If veteran, name war

3 (c) Social Security Account No. 712-12-9106

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	0	12 23	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation W P A

11. Industry or business

FATHER
12. Name Michael Reilley
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Bollond
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Dec. 3 - 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Eutaw ave

19 (a) DEC 2 - 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19- 1940, to 11-29- 1940, and that I last saw h[illegible] alive on 11-29- 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto City Hosp Date signed 12-2-40

75040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-2 F 75040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 East Lt St.
(c) Hospital or institution: South Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. So. Balt. Gen Hosp (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Hines

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-28-40

8. AGE: Years | Months | Days: 1 | If less than one day: 20 hr. 40 min.

9. Birthplace So. Balt. Gen Hosp. Balt. Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Thomas Hines.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jean Fehnert
15. Birthplace Baltimore

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 2 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moss

19 (a) DEC 2-1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1940 to 11-29 1940 and that I last saw her alive on 11-29 1940

Immediate cause of death Intracranial Hemorrhage — Duration 3 hr 40 min
Due to Difficult labor Prolonged.
Due to Distocia of Pelvis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Smith
Address So. Balto. Gen. Hosp. Date signed 12/2/40 M.D.

VS 3

6091

75041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 75041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address The Johns Hopkins Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 30 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County St. Mary's

(c) City or town Mechanicsville

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Barber (F 14080 - Birth certificate)

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. ———

6 (b) Name of husband or wife single

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) August 4, 1940

8. AGE: Years | Months | Days | If less than one day: 15 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Pinkney Barber

13. Birthplace Md.

MOTHER 14. Maiden Name Gladys Anderson

15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHNS HOPKINS MEDICAL SCHOOL DEC 2 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) (Date received by registrar) DEC 2 1940 (Signature of registrar) Huntington Williams M.D. 6095

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1940, to Aug 5 1940, and that I last saw h. alive on Aug 5 1940.

Immediate cause of death Duration

Pneumonia

Due to Premature Separation of placenta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address Johns Hopkins Date signed 11-28-41

VS 2

75042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ E 75042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apts-31st & St. Paul Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Zollie Gunn

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace I. Gunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1859

8. AGE: Years	Months	Days	If less than one day
80	11	29	hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)
10. Usual Occupation Salesman - Lumber
11. Industry or business Retired

FATHER
12. Name Frederick Gunn
13. Birthplace Virginia

MOTHER
14. Maiden Name Dora Childrey
15. Birthplace Virginia

16 (a) Informant Mrs. Grace I. Gunn
(b) Address Hopkins Apts.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) DEC 2-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1940 at 7.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1940 to 12-1 1940, and that I last saw h[illegible] alive on 12-1 1940.

Immediate cause of death Uremia

Due to arteriosclerotic c-v disease

Due to

Other Conditions Cystitis, prostatic stones
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic stones

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Z. Bowers.
Address University Hospital Date signed 12/1/40

VS 2

75043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 WILLOW AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME DAVID Alexander SMITH

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Florence M. Smith
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) NOV. 3, 1877

8. AGE: Years	Months	Days	If less than one day
63	—	27	hr. ——— min.

9. Birthplace PENNSYLVANIA (Town, county, and state)
10. Usual Occupation DEPUTY CLERK
11. Industry or business Balto. Co. Court House

FATHER
12. Name DAVID R. SMITH
13. Birthplace Penna.

MOTHER
14. Maiden Name ROSA McCARIN
15. Birthplace Delaware

16 (a) Informant Billy F. Smith
(b) Address Winston Ave., Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Maryland

18 (a) Funeral director John Burns Sons
(b) Address Towson, Maryland

19 (a) 1993 (Date received by registrar) (b) [illegible] for Williams Mother

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 30 1940, at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27, 1940, to Nov 30, 1940, and that I last saw h[illegible] alive on Nov 30, 1940.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	
Due to ARTERIOSCLEROSIS GENERALIZED	
Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 11/30/40

75044

HEALTH DEPARTMENT—CITY OF BALTIMORE

75044

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. Montgomery St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Morgol

If U. S. Veteran specify WAR

(a) Residence: No. 19 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: A. Morgol

6. DATE OF BIRTH (month, day, year): Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russian

FATHER

13. NAME ? Savchuk

14. BIRTHPLACE (city or town) (State or country): Russian

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Russian

17. INFORMANT: A. Morgol

(Address) 196 E. Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Trinity Russian Orth. Cem. Date: Dec 3 1940

19. UNDERTAKER: Joseph A. Grebiancke, Jr.

(Address) 1423 E. Pace St.

20. DATE: DEC 2- 1940 Hunting for Williams Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/30/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/29/40, 19 to 11/30/40, 19

I last saw her alive on 11/30/40, 19 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/29/40
Hypertension	about
Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Wolle M. D.

(Address) 122 E. Clarke St

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

75045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-41

F 75045 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2429 Wash Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 2429 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annette K Cooney

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1939

8. AGE: Years I | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Coonety
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anita Ahearn
15. Birthplace Baltimore

16 (a) Informant Thomas Cooney
(b) Address 2429 Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3- 40 (month) (day) (year)
(c) Cemetery or crematory Medowridge
Location Wash Blvd

18 (a) Funeral director Edward Toulson
(b) Address 2559 Wash Blvd

19 (a) DEC 2 1940 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30-1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1940 to 11-30-1940; and that I last saw h alive on 11-30 1940

Immediate cause of death: Hydrocephalus — Duration: all her life
Due to: Congenital
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J Glass M. D.
Address 76 Worley Ave Date signed 12/2/40

75046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 75046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 38 Md.

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 25 min

(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr 25 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6013 Burgess Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Browder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6. If single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-40

8. AGE: Years | Months | Days | If less than one day: 1 hr. 25 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frank Gilmer Browder

13. Birthplace Montgomery, Ala.

MOTHER 14. Maiden Name Elmer Falkhedge Clark

15. Birthplace Atlanta Ga.

16 (a) Informant Mr. Frank Gilmer Browder

(b) Address 6013 Burgess ave.

17 (a) Burial, cremation or removal Baby Boy Kept in Hosp. Museum

(b) Date buried (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) Date received DEC 2 1940 Huntington-Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1940 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1940 to Nov. 24 1940 and that I last saw h[illegible] alive on Nov. 24 1940.

Immediate cause of death: Prematurity

Due to: Premature Separation of Placenta. — Duration: 5 Min. / 7 hrs.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John M. Stone M.D.

Address 9 East Chase St Date signed 11/2/40

VS 3

F 75047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 18 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo 18 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glencoe (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 V

3 (a) FULL NAME Mrs. Elsie Warrener ~~Warner~~ Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife Alexander Smith
6 (c) If alive, give age 53 years
7. Birth date of deceased (mo., day, yr.) April 15 1886

8. AGE: Years	Months	Days	If less than one day
54	7	17	hr. — min.

9. Birthplace Glencoe Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Warrener
13. Birthplace England

MOTHER
14. Maiden Name Mary Ann Horne
15. Birthplace England

16 (a) Informant Alexander Smith
(b) Address Glencoe, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Emanuel
Location Glencoe, Md.

18 (a) Funeral director Landvis M. Burtis
(b) Address Sparks, Md.

19 (a) DEC 3 1940 (Registrar) (b) Hunter G. Williams M.D.

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH December 2 1940 at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10 · 14 · 1940 to 12 · 2 · 1940 and that I last saw her alive on 12 · 2 1940

	Duration
Immediate cause of death B. coli peritonitis	
Due to Beak-down of anastomosis of ileum.	
Due to Impaired circulation of blood.	
Other Conditions Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations Mesenteric thrombosis.
Of autopsy Fecal fistula, peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Richard H. Sprague M. D.
Address Union Memorial Hosp Date signed 12/2/40

F 75048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 140-D

F 75048 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Dorsey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Webster Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1905

8. AGE: Years	Months	Days	If less than one day
35	2	28	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah James
15. Birthplace Md

16 (a) Informant Webster Dorsey
(b) Address Cambridge Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Love Point Md
Location

18 (a) Funeral director Mrs Katie B. Williams
(b) Address 322 N Schroeder St

19 (a) (Local rec. registrar) (b) Date rec'd DEC 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940 at 4:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Generalized peritonitis following puerperal ut.	
Due to Domiciliatus: retained placenta	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Criminal Abortion?
(b) Date of occurrence about Oct 25, 1940
(c) Where did injury occur? Cambridge Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Instrument

23. Signature [illegible] M.D. Medical Examiner.
Date signed 12/2/40

F 75049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75049

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 508 Greenway Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Greenway Apartments (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur L. Shamer

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Victoria Shamer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1856

8. AGE: Years 86 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business U. S. District Court

FATHER
12. Name Ludwig N. Shamer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Julia Martin
15. Birthplace Austria

16 (a) Informant Victoria Shamer
(b) Address 508 Greenway apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 DEC 3 1940 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30th 1940, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1940, to Nov. 30 1940, and that I last saw him alive on Nov. 30 1940.

Immediate cause of death: Acute bronchopneumonia — Duration: 1 da.
Due to: Arteriosclerosis, generalized; chronic — Duration: many years.
Due to: bronchial asthma; — Duration: years.
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. B. Stayton M. D.
Address 101 Read St. Date signed 12/2/40

F 75050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E F 75050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 N. Rogers Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 N. Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Erna Maria Hoese

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hans Hoese

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1883

8. AGE: Years 58 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown Beisweg

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Unknown

15. Birthplace Germany

16 (a) Informant Hans Hoese

(b) Address 3606 N Rogers ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)

(c) ~~Cemetery~~ or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 (a) Dec 3 1940 (Signature of registrar) (b) [illegible] (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5, 1940 to Dec 1, 1940 and that I last saw h[illegible] alive on Nov 30, 1940.

	Duration
Immediate cause of death: Myocardial Insufficiency (Heart Block)	8 wks
Due to: Hypertension	2 yrs
Due to: Arteriosclerosis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No.
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph W. Kirby M. D.
Address 11 E. Chase St. Date signed Dec 1/40

VS 8

F 75051 Wame G Smith

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 75051

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address (55 Conway, Rear, Locust Pl.)
(c) Hospital or institution:
B. & O. R. South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Boston
(If outside city or town limits, write RURAL and give town)
(d) Street address 11 Emery St
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wame Alexander Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Finland
(Town, county, and state)

10. Usual Occupation Sea

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant W. H Elkins
(b) Address 14 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Glenmore

18 (a) Funeral director A Reiley Slade
(b) Address 4907 York Road

19. (a) Dec 3 1940 (Date received by Registrar) (b) Filed by Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940 at 2:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Calcification of aortic valve: aortic stenosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Alexander Smith M.D.
Medical Examiner.
Date signed 11/29/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

75052 75052

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Linden Ave St. 13-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Coley

If U. S. Veteran specify WAR

(a) Residence: No. 211 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): Aug 28 1868

7. AGE: Years 72 | Months 3 | Days 3 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown.

FATHER

13. NAME: Cantrel

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: LARTIEGUE

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Helen A. Mosley
(Address) 2902 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: 12/4/40

19. UNDERTAKER: Charles E. Schimmel
(Address) 2601-03 E. Madison St.

DEC 5 1940

Hunting for Mississippi

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1940 to Dec 2, 1940

I last saw her alive on Nov 22, 1940 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C.V. disease — Date of onset
Coronary Thrombosis
Cardiac Hypertrophy
4th Degree Decompensation

Other contributory causes of importance:
Diabetes Mellitus
Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation None.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas E Park M. D.

(Address) 501 N Wayne Ave

F 75053

405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/59

61642 F 75053

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Heaver St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-40

8. AGE: Years	Months	Days	If less than one day
Newborn			7 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Carter
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Mottley
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (b) Date thereof 12 - 3 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Balto. City Hosp.

18 (a) Funeral director
(b) Address

19 (a) DEC 3 - 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940, at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 1 1940, and that I last saw h alive on Dec. 1 1940.

Immediate cause of death — Duration
Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
M. D.
Address Baltimore City Hospital Date signed 12-3-40

F 75054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P F 75054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2848-Harlem Ave
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2848-Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Elizabeth H. Simcoe

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albert J. Simcoe

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 12/13/1892

8. AGE: Years 47 | Months 11 | Days 16 | If less than one day: -- hr. -- -- -- min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John D. Cooke

13. Birthplace Ireland

MOTHER 14. Maiden Name Annie Henderson

15. Birthplace England ~~Ireland~~

16 (a) Informant Mrs. Charlotte Hocheder

(b) Address 2713-Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem

Location Baltimore Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Ave

19 (a) (Date rec'd by registrar) DEC 3 - 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1938 to 12-1 1940 and that I last saw h.. alive on 12-1 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs.

Due to: Asthma — Duration 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. Horan, M.D.

Address 803 Ingleside Ave, Catonsville, Md. Date signed 12-2-40

F 75055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 75055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gertrude Shamberger

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mch 13. 1884
8. AGE: Years 56 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Daniel S. Shamberger
13. Birthplace Md.

MOTHER
14. Maiden Name Martha J. Smith
15. Birthplace Md.

16 (a) Informant J. Grace Shamberger
(b) Address 2804 N. Calvert St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 3. 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Balto. Co. Md.

18 (a) Funeral director John O'Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 3 1940 (Date received by registrar) (b) Hunting & Whitehead

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1940 to Dec 1st 1940 and that I last saw h[illegible] alive on Sept 12th 1940

Immediate cause of death Coronary Thrombosis — Duration 15 Min.
Due to Hypertension — 1 yr
Due to Chronic Nephritis — 1 yr
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Kaufman M. D.
Address 8 E. 39th. St. Date signed 12-2-40

F 75056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-F

F 75056

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Longwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emanuel W. Conley (EMANUEL WASHINGTON CONLEY)

3 (b) If veteran, name war No

3 (c) Social Security Account No. None.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edna Conley

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1891

8. AGE: Years 49 Months 4 Days 5 4 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business Retail Store

FATHER 12. Name Elias W. Conley

13. Birthplace Va.

MOTHER 14. Maiden Name Mary K. Bryant

15. Birthplace Va.

16 (a) Informant Mrs. Edna Doyle Conley

(b) Address 2300 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4. 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore Md. Lay F. Baker.

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address North Ave. & Broadway.

19 (a) DEC 3 1940 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1940 at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1940, to 11-30 1940, and that I last saw h[illegible] alive on 11-30 1940.

Immediate cause of death

Duration

Due to Syphilitic Cardio-Vascular Disease with Decompensation (Grade III)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Johnston M. D.

Address Md General Hospital signed 11/30/40

F 75057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-u

F 75057

Registered No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or entirely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3322 Auchentoroly Terrace

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ____

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3322 Auchentoroly Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME GEORGE LAMAR KELLY

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie L. Kelly

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): March 14, 1878

8. AGE: Years 62 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Real Estate

11. Industry or business: Self

FATHER

12. Name: LaMar H. Kelly

13. Birthplace: Manchester, Maryland

MOTHER

14. Maiden Name: Eurith E. Bramwell

15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mr. Bramwell Kelly

(b) Address: 2304 Avalon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,

(b) Address: North & Pa. Avenues,

19 (a) DEC 3 - 1940 (Date rec'd by registrar) (b) Huntington Willard Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1940, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1940 to Dec. 2 1940, and that I last saw h[illegible] alive on Nov. 30 1940.

Immediate cause of death

Coronary Thrombosis — Duration: ____

Due to: Coronary Sclerosis — Duration: 9 Months

Due to: Arteriosclerosis — Duration: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: ____

(b) Date of occurrence: —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury: ____

23. Signature: [illegible] G. Moore M. D.

Address: 716 Cathedral St. Date signed: 12-4-40

F 75058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 75058 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be supplied if possible. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Ferndale Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Ferndale Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK H. DOTHE

3 (b) If veteran, name war

3 (c) Social Security Account No. 166-01-7863

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline A. Dothe
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 18, 1877

8. AGE: Years	Months	Days	If less than one day
63	4	13	hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)
10. Usual Occupation District Manager
11. Industry or business Penna. Sugar Co.

FATHER
12. Name Henry Dothe
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Pauline A. Dothe
(b) Address 3706 Ferndale Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North Ave. & Pa. Ave.

19 (a) DEC 3 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940, to Dec 1 1940, and that I last saw him alive on Dec 1 1940

Immediate cause of death

Complete Heart Block. — Duration: 1 week

Due to Arteria Sclerosis & Chronic Interstitial Nephritis — Duration: 13 yrs

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] M. D.
Address 2200 Garrison Blvd Date signed 12/3/40

F 75059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-W F 75059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 E. Balto. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 E. Balto. St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joshua Kerner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1882

8. AGE: Years	Months	Days	If less than one day
58	3	17/8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Balto City

FATHER
12. Name Geo. H. Kerner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sophia Schneider
15. Birthplace Baltimore

16 (a) Informant Geo. H. Kerner Jr
(b) Address 1118 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Philip Henry Lord
(b) Address 2024 Orleans St

19 (a) Dec 3 1940 (Registrar) Huntington Williams M.D. Registrar

DEC 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29- 1940, at 9.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Carbon monoxide Poisoning	
Due to	
Other Conditions Accompanying Gas	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-29-40
(c) Where did injury occur? 1707 E. Balto. St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas from water radiator

23. Signature Howard J. Cleveland M.D. Medical Examiner.
Date signed 11-30-40

F 75060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 493-D

F 75060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 Robert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 343 Robert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Magruder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife John Magruder

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1861

8. AGE: Years	Months	Days	If less than one day
79	1	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Emmay Thomas Undertaker
(b) Address 343 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md.

18 (a) Funeral director Wm Frances A. Hensley
(b) Address 541 N. Biddle St

DEC 3 - 1940 (Date rec'd by registrar) Interring for Williams Mfg.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1940, at 11:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection of Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection - Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 12-2-40

VS 6

F 75061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75061 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
15-V
(d) Street No. 1507 N. Fulton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HIRAM AIREY

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-7368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1886

8. AGE: Years	Months	Days	If less than one day
54	4	9 29	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business WPA

FATHER
12. Name Winn Airey
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name - Elizabeth Ricks
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1940 (month) (day) (year)

(c) Cemetery or crematory National
Location Frederick Road

18 (a) Funeral director S. Walter Mays.
(b) Address 619 N. Bouldin St. Hamburg or Williamsport, Md.

19 (a) DEC 3 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1940, at 12:15 AM PM

21. I certify that death occurred on the date above stated; that I attended deceased from November 14, 1940 to Dec. 1, 1940, and that I last saw h alive on Dec. 1, 1940

Immediate cause of death: Chronic pulmonary, tuberculosis, bi-lateral with cavities — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Unknown

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address U. S. Marine Hospital, Wyman Park Drive and 31st St., Baltimore, Md. Date signed 12/1/40

F 75062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Brunswick Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK HARTMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith Kolbe
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	14	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Christian Hartman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Miller
15. Birthplace Germany

16 (a) Informant Mrs. Edith Hartman
(b) Address 901 Brunswick Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Maryland

18 (a) Funeral director F. Bickhardt & Son
(b) Address 1911 Hillsdale Place

DEC 3–1940 (Date rec'd by Registrar) (b) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1940, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1940, to Dec. 2, 1940, and that I last saw him alive on Dec. 2, 1940.

Immediate cause of death Gastric hemorrhage — Duration 1 week
Due to Carcinoma of stomach — Unknown
Due to
Other Conditions Multiple metastases
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Andrew M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/2/40

VS 8

F 75063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17-D F 75063 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43da

(e) Length of stay in Baltimore (yrs., mos., or days) 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 340 S. Bentalou Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chester Joseph Valdrow

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna May McAuley

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1880

8. AGE: Years	Months	Days	If less than one day
60	1	2	hr. min.

9. Birthplace Westboro, Massachusetts
(Town, county, and state)

10. Usual Occupation USCG Retired

11. Industry or business

FATHER
12. Name Joseph Valdrow
13. Birthplace Digby, NS

MOTHER
14. Maiden Name Ella Bassett
15. Birthplace Vermont

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Wyman Park Drive and 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director T. B. Wisbert & Son
(b) Address 1300 Eutaw Place

DEC 3 — 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1940, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17, 1940, to Nov. 30, 1940 and that I last saw him alive on Nov. 30. 1940

Immediate cause of death
Gastric hemorrhage — Duration 10 days

Due to Duodenal Ulcer — Duration Unknown

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Dr. J. C. Anderson M.D.

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 11-30-40

F 75064

F 75064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Remington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Remington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard B. Keiser.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maggie M. Keiser
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1870

8. AGE: Years	Months	Days	If less than one day
70	3	7	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Jesse Keiser
13. Birthplace Pa.

MOTHER
14. Maiden Name Kate Bigler
15. Birthplace Pa.

16 (a) Informant Maggie M. Keiser.
(b) Address 3031 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1940. (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Road.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date received by Registrar) DEC 3 1940 Interred in Lot 1 Walk 11 Sec 8

VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1940, at 12 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940 to Dec 1, 1940, and that I last saw him alive on Nov. 28 1940.

Immediate cause of death	Duration
Coronary thrombosis	5 minutes
Due to	
Due to arteriosclerotic heart disease	unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen, M.D.
Address 20 S. Calvert St. Date signed 12-2-40

F 75065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 75065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Aveune
(c) Hospital or institution: Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs. 7 mo. 27 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5015 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-18

3 (a) FULL NAME Mary Bartholow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1862

8. AGE: Years 78 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Bartholow
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah PHELPS
15. Birthplace Maryland

16 (a) Informant Patient
(b) Address 5015 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Frank V. Pikestone
(b) Address 2818 E. Balto

19 (a) (Date rec'd by Registrar) (b) Registrar

DEC 5 - 1940 Hunter H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2- 1940, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5- 1937 to 12-2- 1940, and that I last saw h alive on 12-2- 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: G.S. Hr. Dis — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmerich Lehrman M. D.
Address Balto City Hosp Date signed 12-2-40

75066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75066 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Woodyear St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Milton Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1940, at 1:45 M

4. Sex M | 5. Color or race col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1939

8. AGE: Years 1 | Months 28 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Leon Collins
13. Birthplace md

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace Va

16 (a) Informant Leon Collins
(b) Address 1715 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. E. Kelan
(b) Address 1303 Pennsylvania Ave

19 (a) (State registrar) (b) Hunter G. Williams, M.D. Registrar

DEC 3 1940

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1940 to 11-30 1940 and that I last saw h[illegible] alive on 11-30 1940

Immediate cause of death: Mediastinal Tuberculosis — Duration: 5 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hosp Date signed 12-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 75067

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Ditto marks are not satisfactory answers. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. [illegible] 24 Nov 40

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 W. Hughes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. Hughes St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgie Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Albert Watson
13. Birthplace unknown

MOTHER
14. Maiden Name Sadie
15. Birthplace unknown

16 (a) Informant John R Strunge
(b) Address 1 W Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Isaac L. Carouth
(b) Address 10 E W Montgomery St

19 (a) [illegible] (b) [illegible]

DEC 3 1940

V2 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1940, at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1940, to Nov 26 1940, and that I last saw her alive on Nov 26 1940

Immediate cause of death	Duration
Lobar Pneumonia	10 days
Due to	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. [illegible]
Address 911 Warren Ave Date signed 12/3/40
M. D.

75068

HEALTH DEPARTMENT—CITY OF BALTIMORE

The Summit Nursing Home

CERTIFICATE OF DEATH

131-a

75068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Chapel Gate Road St. 25-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Leo. Aloysius Rest

If U. S. Veteran specify WAR _____

(a) Residence: No. Poplar Ave. Halethorpe Md Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 18-1863

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
77	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Brother

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Rest

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Theresa

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Lillian Buchheister-Gieringer
(Address) 3819 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Nun Cathedral Date Dec. 4 1940

19. UNDERTAKER George L. Schnaat
(Address) 2101 Frederick ave

20. FILED Dec 3 1940 Lemuel Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 — , 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1940 to Dec 2, 1940

I last saw him alive on Nov 29, 1940 Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular renal disease	?
Other contributory causes of importance: Cerebral embolism Left side hemiplegia	Nov

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation no

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Geo. McKeefer M. D.

(Address) 1470 Mount Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 3 1940

V.S.

EKG

F 75069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B F 75069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1226 - 62nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 - 62nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Franklin Rinkam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A Rinkam
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept 25 - 1889

8. AGE: Years	Months	Days	If less than one day
51	2	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Police Officer
11. Industry or business

FATHER
12. Name William Rinkam
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hammerbacher
15. Birthplace Baltimore

16 (a) Informant Mrs Mary A Rinkam
(b) Address 1226 62nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 '40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2005 Aisquith St

19 (a) (Date rec'd by registrar) (b) Registrar
DEC 3 - 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 - 1940, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1940, to Dec 1 1940, and that I last saw him alive on Nov 30 1940.

Immediate cause of death	Duration
Myocardial Degeneration	1 year
Due to Hyperthyroidism	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 12/2/40

F 75070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75070 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Belview ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N Milton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Le Roy C. Henkel

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-5498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Henkel

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Jan 2 - 1898

8. AGE: Years	Months	Days	If less than one day
42	11	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Pipe fitter

11. Industry or business

FATHER 12. Name Wm H. Henkel

13. Birthplace Md

MOTHER 14. Maiden Name Katherine Schewe

15. Birthplace Baltimore

16 (a) Informant Marie Henkel

(b) Address 1708 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5/40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St

DEC 3 - 1940 (Date rec'd by registrar) (b) Hunting by Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 3-05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1938, to Dec 2 1940, and that I last saw h[im] alive on Dec 2 1940.

Immediate cause of death	Duration
Coronary thrombosis	1 hour
Fourth attack	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warren M. D.

Address 2407 Garrison Blvd Date signed 12-3-40

75071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-2

F 75071

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

18

3 (a) FULL NAME Mary Mamie Haywood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married.

6 (b) Name of husband or wife Daniel Haywood.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/7/1882

8. AGE: Years	Months	Days	If less than one day
58	5	23	hr. / min.

9. Birthplace Accomac Virginia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Kellman.
13. Birthplace Accomac Co Va.

MOTHER
14. Maiden Name Cecilia Dennis.
15. Birthplace Eastern Shore Va.

16 (a) Informant Daniel Haywood.
(b) Address 917 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 ½ N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1940, at 8:03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1940, to 11-30 1940, and that I last saw h[illegible] alive on 11-30 1940.

Immediate cause of death: Cardio-renal disease

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
3-4 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Musser M. D.
Address Provident Hosp. Date signed 11-30-40

F 75072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 75072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Taylor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Born May 18, 19

8. AGE: Years	Months	Days	If less than one day: hr.	min.
21	6	13		

9. Birthplace Catonsville, Md (town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Louis Barnes
13. Birthplace Catonsville Md

MOTHER
14. Maiden Name Bessie Watkins
15. Birthplace

16 (a) Informant Bessie Barnes
(b) Address 412 Taylor Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

DEC 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940 at 1 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing Injury to Chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/1/40
(c) Where did injury occur? Taylor Ave, Catonsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? No
(e) Means of injury Unknown - automobile involved

23. Signature Wm H Anderson M.D. Medical Examiner.
Date signed 12-2-40

F 75073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-8

F 75073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4708 Schley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4708 Schley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin F. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie E. Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6 1867

8. AGE: Years	Months	Days	If less than one day
73	3	23	hr. min.

9. Birthplace Nebraska (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business

FATHER
12. Name Robinson
13. Birthplace Not Known

MOTHER
14. Maiden Name Parrick
15. Birthplace Not Known

16 (a) Informant Annie E. Robinson
(b) Address 4708 Schley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Mem.
Location Eastern Ave.

18 (a) Funeral director John R. Miller
(b) Address 1934 Jefferson St.

DEC 8 – 1940 (Date rec'd by registrar)

(b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940 at 5 1/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 38 to 11/29 1940, and that I last saw h[illegible] alive on 11/28 1940.

Immediate cause of death: Asphyxia from Obstruction and Paralysis of

Due to

Due to

Other Conditions: Hx of Strokes Pneumonia Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Knight L. Snader M. D.
Address 3379 E Baltimore St Date signed 12/3/40

VS 3

B 8-77394 — 75074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ F 75074 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 N. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Corbin

3 (b) If veteran, name war

3 (c) Social Security Account No. 9??

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-1908

8. AGE: Years	Months	Days	If less than one day
32	1	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Tailor Self.
11. Industry or business

FATHER
12. Name Walla Corbin
13. Birthplace Va -

MOTHER
14. Maiden Name Mary Sherring
15. Birthplace N-Car - Pecans

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery.
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 E. Calhoun St. Thurlow Williams, Mgr.

DEC 3 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1940 at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Nov 30 1940, and that I last saw him alive on Nov 30 1940.

Immediate cause of death Cardiac failure & pulmonary infarction & Impersonia, & nitrogen retention.
Due to Hypertensive Cardio-vas. disease
Due to
Other Conditions Acropachy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

Duration: 2 mos.
1 Day
12 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kleinfelter M.D.
Address 7 W. 24th St. Date signed 12/1

75075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 - C Registered No. 75075

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cases of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZA JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

[redacted]

8. AGE: Years 56 | Months | Days - | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 3 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) DEC 3 - 1940 (b) Huntington Williams M.D. (Registrar's signature) (Registrar's number) 6095

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1940, at 10 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and find that said deceased came

[redacted]

Immediate cause of death Pulmonary embolism — Duration

Due to Fracture of right fibula

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 1st, 1940
(c) Where did injury occur? on front & 1725 Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specific type of place) While at work? —
(e) Means of injury struck by auto while crossing street

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 11—

VS 6

75076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180 Registered No. B 25026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5/12 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Glenarm
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hartley Mills Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	–

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65 ?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) DEC 3 1940 (Date received by registrar) Huntington Williams M.D. 6094

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27- 1940, at 5:30 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration
Due to: 1st & 2nd degree burns involving more than 50% of body surface
Due to:
Other Conditions: Constipation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-26-1940
(c) Where did injury occur Glenarm (City or town) Balto. Co. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Overturned oil stove

23. Signature Howard J. Malcolm M.D.
Medical Examiner.
Date signed 11-27-40

for H. Wade Hazlett

VS 6

75077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-2 F 75077

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Fremont & Greene St. 45-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Easton

If U. S. Veteran specify WAR

(a) Residence: No. 3429 Clifton Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): November 30, 1940

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William Brown Easton

14. BIRTHPLACE (city or town) (State or country): Stanton Virginia

MOTHER

15. MAIDEN NAME: Veronica Jackson

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mother of child

(Address) 3429 Clifton Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL DEC 3 1940 COMMISSIONER OF HEALTH

19. UNDERTAKER: Per H. A. Moore

(Address)

20. FILED: DEC 3 - 1940 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1940 to November 30, 1940

I last saw he/she alive on November 30, 1940 Death is said to have occurred on the date stated above, at 8:50 a.m. 8.55 P.M.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage of newborn — Date of onset 11-30-40

Other contributory causes of importance: Pulmonary Atelectasis - 11-30-40

Was an operation performed? mid-forceps Date of 11-30-40

For what disease or injury? Pregnancy - Miscarriage

Name of operation: Mid. Forceps (Abdominal)

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E. Gapey M. D.

(Address) University Hospital

Hospital disposal 6093

75078

HEALTH DEPARTMENT—CITY OF BALTIMORE

75078

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 W. Mosher St., 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Thomas Hill.

If U. S. Veteran specify WAR

(a) Residence: No. 618 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1870?

7. AGE: Years 70; Months —; Days —; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Laborer

10. Date deceased last worked at this occupation (month and year)?

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Frederick. Md.

FATHER

13. NAME: John Hill

14. BIRTHPLACE (city or town) (State or country): Frederick Md.

MOTHER

15. MAIDEN NAME: ? Just Kanour

16. BIRTHPLACE (city or town) (State or country): Frederick Md.

17. INFORMANT (Address): Nellie Banks. 618 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-4, 1940

19. UNDERTAKER (Address): Adolphus Halstead 915 Druid Hill ave.

20. FILED DEC 3 1940, 19—

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1940 to Dec 1st 1940

I last saw him alive on Dec 1st 1940. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset 1/1939

Complicated with Hypertrophy

Hypertrophy

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Hynes M. D.

(Address) 572 N. Arlington Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hunter Jon Williams, M.D.

F 75079 Macy 107 F 75079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Howard
(c) City or town RURAL — GLEN WOOD
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM D. MARY, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	Widow

6 (b) Name of husband Effie Hammond Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 21, 1864

8. AGE: Years	Months	Days	If less than one day
76	10	11 12	hr. min.

9. Birthplace NEW YORK
(Town, county, and state)

10. Usual Occupation RETIRED (FARMER)

11. Industry or business

FATHER
12. Name WM. D MARY
13. Birthplace NEW YORK

MOTHER
14. Maiden Name MARCELLA CAYGRO
15. Birthplace NEW HAMPSHIRE

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof Dec. 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Grove Cem
Location Glenwood

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) DEC 5 1940 Hunting for Williams Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 2 1940, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11, 1940 to Dec. 2 1940, and that I last saw him alive on Dec. 2 1940.

Immediate cause of death CARDIAC FAILURE — Duration

Due to PNEUMONIA - BRONCHIAL

Due to

Other Conditions GENERALIZED ARTERIOSCLEROSIS
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard W. Rembrandt M. D.
Address Union Memorial Hosp Date signed 12/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75080 Registered No. 9fa

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1955 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1955 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Genevieve M. Krause

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-6178

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/1896

8. AGE: Years 44 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business

FATHER 12. Name Frederick A. Krause

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Katherine C. Healey

15. Birthplace Baltimore, Md.

16 (a) Informant August F. Krause (brother)

(b) Address 1216 S Charles St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Frederick Road

18 (a) Funeral director Easton Son

(b) Address Ellicott City

DEC 3 1940 (Date rec'd by Registrar) Signature for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30/40 19 , at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Illness 1939 to 11/30 1940 and that I last saw h alive on 11/21 1940.

Immediate cause of death Coronary Occlusion — Duration acute

Due to

Due to

Other Conditions Bronchial Asthma (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M. D.

Address 1225 S. Charles St Date signed 12/2/40

O.K. for Dr. Williams

F 75081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

F 75081 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Also bmat
(b) Street address
(c) Hospital or institution:
Volunteers of America
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Williams St.
(If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Magdalene Shaffer (Birth F 18968)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 9, 1940

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Stalter
13. Birthplace ?

MOTHER
14. Maiden Name Goldie Shaffer
15. Birthplace Pittsburgh, Pa.

16 (a) Informant Goldie Shaffer
(b) Address 1231 Williams St.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof ~~NOV.~~ DEC. 3 1940 (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) DEC 3 1940 (Date received by registrar) Huntington Williams M.D. Registrar 6054

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 3 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 9, 1940, to DEC. 3 1940, and that I last saw h alive on DEC 2 1940

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Malnutrition	24 days
Due to Vomiting & diarrhea	24 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Goppe M. D.
Address Volunteers of America Date signed 12/3/40

VS 8

75082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 75082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m09da
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jose MARTINEZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dominga

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, ~~1873~~ 1883

8. AGE: Years	Months	Days	If less than one day
57 57	9	27	hr. min.

9. Birthplace Spain (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business SS PENMAR

FATHER
12. Name Manuel Martinez
13. Birthplace Spain

MOTHER
14. Maiden Name Johanna
15. Birthplace Spain

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) 12/40 (Date rec'd by registrar) Awaiting for Affidavit

DEC 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1940, at 4:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22, 1940 to Dec. 1, 1940, and that I last saw him alive on Dec. 1, 1940

Immediate cause of death Empyema and broncho pneumonia — Duration Terminal

Due to Esophogojejunostomy — 19 days

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Exploratory lap. Gastrectomy, Entero Enterostomy Jejunostomy
Of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 12/1/40 M. D.

F 75083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 75083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct and is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118-E-24th St.
(c) Hospital or institution:
at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) abt 40y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 118-E-24 St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years.

3 (a) FULL NAME Maud Bell Sherwood

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-26-1878

8. AGE: Years	Months	Days	If less than one day
62	3	5	— hr. — min.

9. Birthplace Queenstown Md (Town, county, and state)
10. Usual Occupation retired School Teacher
11. Industry or business Public School Balto Co.

FATHER
12. Name Benjamin S Sherwood
13. Birthplace Delaware

MOTHER
14. Maiden Name Anne Cross
15. Birthplace Md.

16 (a) Informant Miss Mary D Sherwood
(b) Address 118-E-24-St City.
17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)
(c) Cemetery or crematory Christopher
Location Centreville-Md.
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE
19 (a) DEC 3 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Dec 1 1940, and that I last saw h alive on Dec 1 1940.

Immediate cause of death: Carcinoma
Due to Breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John N Evans M. D.
Address Dec 2 40 Date signed

75084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 N. Bollington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 N. Bollington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 71 years

3 (a) FULL NAME Albert Zelenka

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna Zelenka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1864

8. AGE: Years 76 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Czecho-Slovakia (Town, county, and state)

10. Usual Occupation Nobody Tailor

11. Industry or business

FATHER
12. Name Matthew Zelenka
13. Birthplace Czecho-Slovakia

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Joseph Zelenka
(b) Address 809 N. Bollington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Oakland Md.

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St.

19. Filed DEC 3 - 1940 (Date) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1940 at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 3 1940, and that I last saw h.i.m. alive on Dec 3 1940.

Immediate cause of death: Acute Uraemia — Duration 3 days

Due to Cardio Vascular Renal Disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison St. Date signed 12/3/40

VS 2

F 75085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 75085 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2225 Prestman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Prestman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Goodman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Benjamin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER 12. Name Joseph Friedbandel

13. Birthplace Russia

MOTHER 14. Maiden Name Dora ?

15. Birthplace Russia

16 (a) Informant Abraham Pollack

(b) Address 2225 Prestman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale

Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W. North Ave

19 (a) (b)

(Date rec'd) DEC 4 1940 (Registrar's signature)

VS-1

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1940, at 3.30 P.M.

21. I certify that death occurred on the date above-stated; that I attended deceased from 1930 to Dec. 3, 1940 and that I last saw h alive on Dec. 3, 1940.

Immediate cause of death Sarcoma metastases — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney L. Levy

Address 2324 Eastern Ave Date signed 12/3/40

F 75086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75086 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Mt. Royal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 + years

3 (a) FULL NAME Hiram L. Nicholson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Grace B Nicholson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	21	2 hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Contractor & Carpenter
11. Industry or business Own business

FATHER
12. Name ? Nicholson
13. Birthplace Canada

MOTHER
14. Maiden Name Annie Pierson
15. Birthplace Canada

16 (a) Informant Mrs. Margaret Linder
(b) Address 1605 W Allegheny Ave. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) DEC 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 1 45 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Sandercraft M.D. Medical Examiner.
Date signed 12/3/40

F 75087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-D

F 75087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1265 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1265 Washington Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

71

3 (a) FULL NAME Annie K. Haught

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Louis Haught
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th 1876

8. AGE: Years	Months	Days	If less than one day
64	6	26	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles Weiss
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Mootz
15. Birthplace Germany

16 (a) Informant Louis Haught
(b) Address 1265 Washington Blvd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.
19 (a) (Date rec'd by registrar) (b) Registrar

Dec 4 1940 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1940, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1940 to 12/3 1940.
and that I last saw h alive on 12/3 1940.

Immediate cause of death: Carcinoma of ileum with metastases — Due to — Duration 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dolph C. Lancaster M.D.
Address 1 W Washington Blvd Date signed 12/3/40

F 75088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 1

F 75088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 161 N. Potomac st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 161 N. Potomac st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Marshall

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John Marshall

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 20th 1884

8. AGE: Years	Months	Days	If less than one day
56	5	13	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business At Home

FATHER
12. Name John Buethner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna E. Buethner
15. Birthplace Germany

16 (a) Informant John Marshall
(b) Address 161 N. Potomac st

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12/6/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by Registrar) Planting for Public Safety.

DEC 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1940 at 4 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to Dec 3 1940, and that I last saw her alive on June 7 1940.

Immediate cause of death	Duration
Coronary Occlusion	4 hrs
Due to Arteriosclerosis Hypertensive Myocardial Disease	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Dindler M.D.
Address 2348 Eutaw Pl **Date signed** 12/13/40

F 75089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75089

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 E. Hamburg (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Franklin Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-5047

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Marie Johnson
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 5/10/83

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	6	23		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Ship yard worker
11. Industry or business

FATHER
12. Name Wm. Johnson
13. Birthplace N. J.

MOTHER
14. Maiden Name Marion Taylor
15. Birthplace Pa.

16 (a) Informant Mrs. Ida Johnson
(b) Address 313 E. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

(a) DEC 4 - 1940 (b) (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1940, at 4:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1940, to 12/3 1940, and that I last saw him alive on Dec 2 1940.

Immediate cause of death: Cardiac Decompensation — Duration: 12 hours
Due to: Pneumonia - Lobar Rt. Lower — 1 Day
Due to: Post Operative Thrombophlebitis — 6 days
Other Conditions — own

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy On Stoop

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelbermann M. D.
Address on file Date signed 12-3-40

F 75090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-D

F 75090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If correct age cannot be given, especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 151 N. Lamade St -
(c) Hospital or institution:
at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 151-W-Lamade St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary Virginia Bay Simmonds

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow.
6 (b) Name of husband or wife: Alfred A. Simmonds
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept 15 1855

8. AGE: Years 85 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Geo E. Bay
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elmira Montandon
15. Birthplace probably Md.

16 (a) Informant Mr. Laurence M. Simmonds
(b) Address 151-W Lamade. (Same)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18th 1940, to Dec 3rd 1940, and that I last saw h[illegible] alive on Dec 3rd 1940.

Immediate cause of death: Carcinoma of stomach — Duration: 2 Jrs.
Due to [illegible]
Due to
Other Conditions Hypostatic pneumonia
(Include pregnancy within 3 months of death)

Major findings: Ca
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Clifford M. D.
Address 1306 N. Calvert St Date signed Dec 4/40

75091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 75091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Redwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Redwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife William Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-1876

8. AGE: Years	Months	Days	If less than one day
63	11	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Elija Herbst
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Maggie Jones
15. Birthplace Calvert Co Md

16 (a) Informant Sarah Herbst
(b) Address 1043 N. Rennert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director James A Stayton
(b) Address 142 W Fayette St

19 (a) (Date rec'd by registrar) (b) Huntington Williamsville Md Registrar

DEC 4 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 9.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1940, to 11-30 1940, and that I last saw her alive on 11-29 1940

Immediate cause of death Mitral Insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Gmelich M. D.
Address 1126 Druid Hill Date signed 12-3-40

F 75092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 75092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 East 1 Stock
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 East 1 Stock (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel N Jackson

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife –
6 (c) If dead, give age – years
7. Birth date of deceased (mo., day, yr.) January 16 - 1862

8. AGE: Years	Months	Days	If less than one day
78	10 11	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Fert -

FATHER
12. Name Samuel H. Jackson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Cooper
15. Birthplace Baltimore, Md.

16 (a) Informant Emma Felton - sister
(b) Address 212 East 1 Stock

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 - 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetry
Location Balto Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) DEC 4 - 1940 (Date received by Registrar) (b) Baltimore, Maryland Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 2 - 1940 at 1 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above; held an Autopsy & Inquiry thereon; and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to h death on the day stated above.

Immediate cause of death Acute hemorrhagic Degeneration — Duration
Due to Generalized Atherosclerosis
Due to
Other Conditions Syph - Cerebral Hemorrhage (Autopsy); Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations –
Of autopsy –

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Moreland M.D.
Medical Examiner
Date signed 12-2-40

F 75093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 75093

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Kensington Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Kensington Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME William A. Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Caroline Schwartz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/14/1863

8. AGE: Years	Months	Days	If less than one day
76	11	19	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Alexander Duncan
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Spphia Lehman
15. Birthplace Balto. Co. Md.

16 (a) Informant Helene Lawrence
(b) Address 408 Kensington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemy.
Location Cooks Lane, Balto. Co. Md.

18 (a) Funeral director John O. Metcalf & Sons
(b) Address 1900 Eutaw Place

19 DEC 4 1940 Attesting to Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2d 1937 to Dec. 3, 1940, and that I last saw him alive on Nov. 29 1940

Immediate cause of death Cardio nephritis
Uremia

Duration years 5 mos

Due to

Due to

Other Conditions Acute Pharyngitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Luetscher M. D.
Address 12 E. Eager St. Date signed

VS 3

John A Luetscher

F 75094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 81 - F 75094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore County
(c) City or town Sparrow's Point, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 K. St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Roger W. Ferguson

3 (b) If veteran, name war:

3 (c) Social Security Account No. 213-09-3636

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widower

6 (b) Name of husband or wife Elizabeth (Ferguson)
Died past 14 years 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1891

8. AGE: Years	Months	Days	If less than one day
49	3	3	hr. min.

9. Birthplace Danville Virginia (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Bethlehem Steel Co, Sparrow's Pt

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Kate (Ferguson)
15. Birthplace Virginia ?

16 (a) Informant Elizabeth Hicks
(b) Address 1715 Madison Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)
(c) Cemetery or crematory Danville
Location Virginia

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) (b) Registrar

DEC 4 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 1 1940, at 6:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to 12 - 1 1940, and that I last saw him alive on 12 - 1 1940.

Immediate cause of death	Duration
Meningitis	14 days
Due to Pneumococcus Type 6	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp Date signed 12-2-40

F 75095 OF 50932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 75095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Carey Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Mary Mollie Askew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Married

6 (b) Name of husband or wife George T. Askew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-1891

8. AGE: Years	Months	Days	If less than one day
48	11	4 6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sadie
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto Md.

18 (a) Funeral director Mrs. Geo. R. Holland
(b) Address 1631 David Hill Ave Huntington Park Station, W. Va.

DEC 4 1940 (a) (b)
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2- 1940 at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10-1940 to 12-2-1940, and that I last saw h alive on 12-2-1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to A-S. Hrt. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 12-3-40

VS 8

F 75096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 75096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4331 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town Stewartstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-10

W 55

3 (a) FULL NAME John R. Maddox.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Deceased

6 (c) ~~If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1879

8. AGE: Years 61 | Months 4 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Wm. E. Maddox
13. Birthplace Balto. County Md

MOTHER
14. Maiden Name Frances Hughes
15. Birthplace Balto. County

16 (a) Informant Harry M. Maddox
(b) Address 4331 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1940 (month) (day) (year)

(c) Cemetery or crematory Stewartstown
Location Stewartstown Pa

18 (a) Funeral director H. Young Hess
(b) Address Stewartstown Pa

19 (a) Dec 4 1940 (Date received by Registrar) (b) [signature] Registrar

DEC 4 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1940, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1940, to Dec. 3 1940, and that I last saw him alive on Dec. 3 1940

Immediate cause of death: Carcinoma of liver — Duration:

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. F. Sedlack M. D.
Address Towson, Md. Date signed 12/3/40

F 75097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 75097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Homer St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Homer St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEONA LEE

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife Thomas Lee
6 (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) — 1913

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name William Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Spence
15. Birthplace Maryland

16 (a) Informant Cousin Margaret Lee
(b) Address 702 York Rd. Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY CEM.
Location ANNAARUNDEL COUNTY. Md.

18 (a) Funeral director William a Jackson
(b) Address 916 PENNA. AVE.

19 (a) DEC 4 1940 (Date received by registrar) (b) Huntington Williams Wife

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1940, at 12 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Intoxication	
pulmonary for stomach	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 12-1-40

75098

4832 Park Heights

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-7

Registered No. 75098

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2711 Cylburn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 Cylburn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie R. Gaylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1865

8. AGE: Years	Months	Days	If less than one day
75	9	5	hr. min.

9. Birthplace A. A. County Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Wm. J. Gaylor
13. Birthplace A. A. County Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Wm. Schmoll
(b) Address 2711 Cylburn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 40 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem
Location A. A. County Md

18 (a) Funeral director Albert W. Berry
(b) Address 440 E North Ave

DEC 4 1940 (Date rec'd by Registrar) (b) Huntington Hillcrest Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Nov 30 1940, and that I last saw h alive on Nov 29 1940

Immediate cause of death	Duration
Myocardial degeneration	?
Due to arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Meyer Miller, M. D.
Address 4832 Park Hts Ave Date signed 12/5/40

F 75099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

F 75099 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C. Keith

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1875

8. AGE: Years 65 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Alexander Keith.
13. Birthplace Ellicott City, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-U. S. Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1940 (month) (day) (year)
(c) Cemetery or crematory New National
Location Frederick Road

18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bouldin St.

DEC 4 - 1940 (Date rec'd by Registrar) (b) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1940, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1940 to Dec. 2, 1940, and that I last saw him alive on Dec. 2, 1940.

Immediate cause of death: Carcinoma of right lung with metastases — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Allen

Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/3/40 M. D.

75100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108 Registered No. E 75100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Whatcoat St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN B. PRATHER

3 (b) If veteran, name war

3 (c) Social Security Account No. Call.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1885

8. AGE: Years	Months	Days	If less than one day
55 ~~70~~	11	26	hr. min.

9. Birthplace Garrett Co. Kentucky
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Prather
13. Birthplace Kentucky

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Rachel White
(b) Address 909 Whatcoat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40 (month) (day) (year)

(c) Cemetery or crematory Douglass Mem.
Location Catonsville Balto. Co. Md

18 (a) Funeral director Clark & Alexander
(b) Address 927 N. Mount St

19 (a) DEC 4 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 19 40, at 7 45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar right.

Due to

Due to

Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no abnormal

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-3-40

75101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 2D

F 75101 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town Ruxton (If outside city or town limits, write RURAL and give town)
(d) Street No. Ruxton, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME MRS. BIRDIE MAY BURTON

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1876

8. AGE: Years	Months	Days	If less than one day
64	3	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None (Housewife)

11. Industry or business ———

FATHER
12. Name Mr. Chas. Coale
13. Birthplace Md.

MOTHER
14. Maiden Name Miss Myra Lee
15. Birthplace Md.

16 (a) Informant Hospital Record
(b) Address U. M. H. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Maryland.

(a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) [illegible] (Date received by registrar) (b) Interring or Filing [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1940 to 12-7 1940, and that I last saw her alive on 12-2 1940.

Immediate cause of death: Coronary occlusion — Duration

Due to Arteriosclerotic heart disease

Due to

Other Conditions Pulmonary oedema CA of liver, Ascites
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Trumbore M. D.
Address Union Memorial Hosp. Date signed 12/7/40

75102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 75102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 N. Broadway
(c) Hospital or institution: Church Home & Inf. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Valley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MALLOY, MRS. KATHERINE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife NOT OBTAINED
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) NOT OBTAINED

8. AGE: Years	Months	Days	If less than one day
72			hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Louisa Dean
15. Birthplace Ireland

16 (a) Informant Step-Daughter, Mrs.
(b) Address El. Hart - 1111 Valley St.

17 (a) Burial (b) Date thereof Dec 6, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave. Phone Plaza 0200

19 (a) DEC 7 1940 (b) Thursday for Funerals
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1940, at 4:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1940 to Dec 3 1940, and that I last saw her alive on Dec 3 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertension	
Due to ?	over
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Cole M. D.
Address CHS / Hosp Date signed 12/3/40

VS 3

F 75103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Ruxton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Max Bernstein (MENDEL BERNSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dodie

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Self

FATHER
12. Name Abraham Bernstein
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Minna Bernstein
(b) Address 1613 Ruxton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-40 (month) (day) (year)
(c) Cemetery or crematory Sodus Mt Carmel
Location Herman Hill Rd.

18 (a) Funeral director Isaac Levin Inc
(b) Address 1940 E. Balto St

DEC 4 1940 (Date rec'd by registrar)

(b) Huntington Pettigrew, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1940, at 6.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1940, to 12-4 1940, and that I last saw h.. alive on 12-4 1940.

	Duration
Immediate cause of death: coronary occlusion	2 days
Due to: arteriosclerotic C-V disease	15 years
Due to:	
Other Conditions: Pulmonary infarctions; Benign prostatic hypertrophy (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abner Wilen M. D.
Address Sinai Hospital Date signed 12-4-40

VS 3

F 75104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 75104 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~ Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Fanny Cohen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace Memel (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name David —
13. Birthplace Memel

MOTHER
14. Maiden Name Hannah
15. Birthplace Memel

16 (a) Informant Milton Savage
(b) Address 2430 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-40 (month) (day) (year)
(c) Cemetery or crematory Northern Cem
Location Pikesville, Md.

18 (a) Funeral director Jack Laura Inc
(b) Address 1439 E. Balto. St

19 DEC 4 – 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-40 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1938, to 12/3/1940, and that I last saw h alive on 12/3/1940

Immediate cause of death

Gastric Hemorrhage — Duration: 4 hrs.
Due to Carcinoma of Stomach — Duration: about 1 year
Due to — Duration: some years
Other Conditions Arteriosclerosis Myocarditis — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 1013 N. Charles St. Date signed 12/4/40

F 75105 OGK 61378 F 75105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3526 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Baby Girl Hoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-40

8. AGE: Years | Months | Days: 2X | If less than one day: 11 hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Hoy
13. Birthplace Md.

MOTHER
14. Maiden Name Pauline Piper
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/3/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto. City Morgue

18 (a) Funeral director
(b) Address

19 DEC 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1940, to 11-29 1940, and that I last saw her alive on 11-29 1940

Immediate cause of death: Prematurity

Duration: 11 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Goodwin M. D.
Address B. C. Hosp. Date signed 12/2/40

VS 2

F 75106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2879 Mayfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2879 Mayfield Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Elizabeth Brooks

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Samuel Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 1852

8. AGE: Years	Months	Days	If less than one day
87	11	26	hr. min.

9. Birthplace Cumberland, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Wright
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Flagg
15. Birthplace Md.

16 (a) Informant Mrs. W. T. Murphy
(b) Address 145 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Annapolis Rd.

18 (a) Funeral director J. H. McCauley
(b) Address 130 E. Fort Ave.

19 DEC 4 - 1940 (Registered by Registrar) (b) Wyatt Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Dec 1 1940 and that I last saw her alive on Dec 1 1940

Immediate cause of death	Duration
Senile Myocarditis	1 mo.
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mayo Ames M.D.
Address 8 Randall St. Date signed 12/3/40

V8 3

F 75107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
21-1
(d) Street No. 906 Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD SPENCE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) February 14, 1878

8. AGE: Years	Months	Days	If less than one day
62	9	16	..... hr. ..... min.

9. Birthplace Balto - Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER
12. Name Daniel Spence
13. Birthplace Balto - Md.

MOTHER
14. Maiden Name Sarah Martin
15. Birthplace Virginia

16 (a) Informant Dora Spence
(b) Address 906 Chase St.

17 (a) Burial (b) Date thereof 12-5-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Ct
Location Balto Co.

18 (a) Funeral director David F. Brown
(b) Address 108 W Montgomery St

19 (a) (b) (Date rec'd by Registrar) Registrar

DEC 4 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1940, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. W. Callamander M.D. Medical Examiner.

Date signed 11-30-40

F 75108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

Registered No. F 75108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Wellmore Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida M. Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife James Jones
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 21-1884

8. AGE: Years	Months	Days	If less than one day
56	4	10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ruthus Brown
13. Birthplace Md

MOTHER
14. Maiden Name Mary Robinson
15. Birthplace Md

16 (a) Informant Ruth Meredith
(b) Address 628 Warner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Chesterfield
Location Chesterfield Md.

18 (a) Funeral director Oscar L. Brown
(b) Address 104 W Montgomery St

19 (a) DEC 4 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1940 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1st 1940, to 19..., and that I last saw h alive on Dec 1st 1940.

Immediate cause of death
Acute Cardiac Dilatation — Duration after onset: hours
Due to Acute Regurgitation — 2 yrs
Due to Luetic Aortitis — 20 yrs
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Llewellyn M. D.
Address 911 Warner St Date signed 12/3/40

VS 3

75109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a ✓

F 75109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Mulberry
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 1822 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Martin J. Hanna

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife (nee Rust) Sara Stone Hanna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1887

8. AGE: Years 53 | Months Mo | Days 10 | If less than one day hr. min.

9. Birthplace Maryland
(City, town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Joseph Hanna
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Batson
15. Birthplace Md.

16 (a) Informant Mrs. Sara Stone Hanna
(b) Address 1822 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave

19 DEC 4 – 1940 (Date Rec'd by Registrar) (c) Huntington Williams Hyatt

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1940 to 12-2 1940, and that I last saw him alive on 12-2 1940.

Immediate cause of death: Carcinoma of Larynx — Duration

Due to: Cinanition

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Larynx

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William P. Longshore M.D.
Address Md. General Hosp. Date signed 12/5/40

VS 8

75110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 75110 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 1

3 (a) FULL NAME Myrtle Walker (60317) ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Separated

6 (b) Name of husband or wife Yeatman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1900

8. AGE: Years	Months	Days	If less than one day
40	1	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Gary Oliver
13. Birthplace Va.

MOTHER
14. Maiden Name ? ?
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/4/40 (month) (day) (year)
(c) Cemetery or crematory Gloucester Va.
Location

18 (a) Funeral director Kendall E. Humphreys
(b) Address W. Broadway

19 (a) DEC 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1940 at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23, 1940 to Dec. 3, 1940, and that I last saw her alive on Dec. 3, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 2yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Jones, M.D.
Address Balto. City Hospitals Date signed 12-3-40 M. D.

VS 1 Gloucester Point Va Via Chesapeake Steamship Co.

75111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

1-B

F 75111 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Hamilton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Drexel.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-1857

8. AGE: Years	Months	Days	If less than one day
83	3	24	hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Paper.

FATHER
12. Name John G. Drexel
13. Birthplace Germany

MOTHER
14. Maiden Name May
15. Birthplace

16 (a) Informant Frances Drexel
(b) Address 3205 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudenman
Location

18 (a) Funeral director Leon D. Cross
(b) Address 5305 Harford Rd

19 (a) DEC 4 1940 (Date rec'd by Registrar) (Huntington Willis Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 1940, at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-40 19 , to 12-3 1940 and that I last saw h alive on Dec 3 1940.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions Prostatic Hypertrophy — Duration 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baier M. D.
Address St Josephs Hosp Date signed Dec 3 1940

VS 3

75112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 VINEYARD LANE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 VINEYARD LANE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE LIEBEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife STEPHEN LIEBEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 2. 1862

8. AGE: Years	Months	Days	If less than one day
78	11		hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation AT HOME.
11. Industry or business

FATHER
12. Name JAMES COLLINS
13. Birthplace BALTO, MD.

MOTHER
14. Maiden Name UNKNOWN.
15. Birthplace

16 (a) Informant MRS. ROSE H. NAGENGAST
(b) Address 711 E. 36TH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/5/40 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Mary M. Hirschfeld (L)
(b) Address 541 E. 32ND Street.

19 DEC 4 — 1940 Date rec'd by registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2nd. 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16th. 1940, to Dec. 2nd 1940, and that I last saw h er alive on Dec. 1st. 1940.

Immediate cause of death Myocarditis — Duration about 5 mos.
Due to
Due to
Other Conditions Cholecystitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Montgomery Md
Address 401 E. 25th. St. Date signed 12/3/40.

75113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 75113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Beltsville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Neal Vaught

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Martha J. Vaught
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1912

8. AGE: Years	Months	Days	If less than one day
28	3	18	hr. min.

9. Birthplace Tennessee
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business U.S. Govt. Farm

FATHER
12. Name Frank Vaught
13. Birthplace Tennessee

MOTHER
14. Maiden Name Pearl Gaithe
15. Birthplace Tennessee

16 (a) Informant Mrs. Martha Vaught
(b) Address Beltsville, Md.

17 (a) Removal (b) Date thereof 12-4-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Hyattsville, Md.

18 (a) Funeral director H. Gaeth's Sons.
(b) Address Hyattsville, Md.

19 DEC 4 1940 (b) Huntington, West Virginia
(Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940 at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to Dec 4 1940 and that I last saw him alive on Dec 4 1940

	Duration
Immediate cause of death: Acute Pancreatitis	2 days
Due to: Diabetes Mellitus	2 yrs
Due to:	
Other Conditions: Diabetic Coma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy acute pancreatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin S. Hartz M. D.
Address Univ. Hosp. Date signed 12/4/40

F 75114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 Dunmore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 738 Dunmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Kathleen [illegible] Bonniwell (Boniwell) X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Benjamin Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 | 31 | 1856

8. AGE: Years 94 | Months 3 | Days 43 | If less than one day hr. min.

9. Birthplace Westminster Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation HW - retired

11. Industry or business .

FATHER
12. Name Major Guy
13. Birthplace Ayrmark Co

MOTHER
14. Maiden Name Susan M. Myers
15. Birthplace Ayrmark Co

16 (a) Informant Mrs John R Rhoads
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Dec 4 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

DEC 5 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1940 at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14 1940 to 12/4 1940, and that I last saw him alive on 12/3 1940

Immediate cause of death: Dry gangrene left leg — Duration 3 1/2 mo.

Due to arteriosclerosis & cardiovascular disease — ? yrs

Due to —

Other Conditions Terminal bronchopneumonia - asthenia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E. Stacy, M.D.
Address 3803 Edmondson Ave Date signed 12/5/40

F 75115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 E Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CECELIA BROWN

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NIRF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1863

8. AGE: Years	Months	Days	If less than one day
about 77			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Balto Md

MOTHER
14. Maiden Name unknown
15. Birthplace Balto Md

16 (a) Informant Edward J Brown
(b) Address 2009 East Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East End North Ave

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 DEC 5 - 1940 (Date rec'd by registrar) Hunter & Hilliard M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1940 at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-3-40

F 75116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 75116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Orem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Orem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie B. Sullivan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Frank Sullivan
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 22nd 1882

8. AGE: Years	Months	Days	If less than one day
58	7	12	hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Samuel Blizzard
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Anna Caples
15. Birthplace Carroll Co. Md

16 (a) Informant Frank Sullivan
(b) Address 2209 Orem Ave

17 (a) Burial (b) Date thereof 12/7/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Dec 1940 (b) [illegible] Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1940, 12 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1938 to 12-4 1940, and that I last saw h[illegible] alive on 12-3-a 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	24 hrs
Due to: Arteriosclerosis	4 yrs
Due to:	
Other Conditions: Chr. Cholecystitis	4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gustav Kyhnstein M. D.
Address 2726 Penna Ave Date signed 12-7-40

F 75117
38096 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
13-B

F 75117
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Madison Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife James Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1910

8. AGE: Years	Months	Days	If less than one day
30	9	0	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Ht Wf
11. Industry or business

FATHER
12. Name Henry Hobart
13. Birthplace East Indies

MOTHER
14. Maiden Name Annie Good
15. Birthplace South Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 DEC 5 - 1940 (Date received by registrar) (b) Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 2 1940 at 8 46 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1940 to 12-2 1940 and that I last saw her alive on 12-2 1940

Immediate cause of death Pulmonary Tbc - Advanced — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Roydhouse M. D.
Address Balto. City Hosp. Date signed 12-7-40

VS 3

F 75118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75118 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 Ashland Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Ashland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a). FULL NAME Velma Harrison

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
F	C	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 7-25-1914

8. AGE: Years	Months	Days	If less than one day
26	5	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name George W. Lee
13. Birthplace N.C

MOTHER
14. Maiden Name Mary J. Alston
15. Birthplace N.C.

16 (a) Informant Mrs Ruth Buckner
(b) Address 1406 Ashland Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1940 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem Park
Location Balto Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 142 E Jefferson St

19 (a) Filed DEC 9 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1940 to 12-3 1940 and that I last saw her alive on 12-2 1940.

Immediate cause of death Bronchio-pneumonia — Duration approx. 5-7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 150 E. Madison St Date signed 12-4-40

F 75119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75119 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 N. Pulaski St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles Henry O'Hara

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Grace M. O'Hara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21-1879

8. AGE: Years 61 | Months 2 | Days 12 | If less than one day: hr. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Water Station Mechanic

11. Industry or business R. R. Work.

FATHER 12. Name Chas. E. O'Hara.

13. Birthplace Md

MOTHER 14. Maiden Name Fannie Esworthy

15. Birthplace Md

16 (a) Informant Mrs. Grace M. O'Hara.

(b) Address 523 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick Md.

18 (a) Funeral director Geo. L. Berger

(b) Address 1512 Hollins St.

19 (a) (Date received) DEC 7 1940 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1940, at 12 30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935 to Dec. 3-1940 and that I last saw him alive on Dec. 2 1940.

Immediate cause of death	Duration
Coronary Thrombosis	10 min
Due to Angina Pectoris	2 mo
Due to arterio sclerosis	6 mo
Other Conditions Diabetes Mellitus	8 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Egbert H. Mortimer Jr.

Address 2706 St Paul. Date signed 12/4/40

F 75120

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G

61451 F 75120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Argyle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary raulkner

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Melvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1923

8. AGE: Years	Months	Days	If less than one day
17	7	22	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alexander Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Iola Richards
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (b) Date thereof 12 8 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MAGOTHY CEM.
Location ANNE ARUNDEL COUNTY-Md.

18 (a) Funeral director William A Jackson
(b) Address 916 PENN. AVE.

19 (a) 12-5-1940 (b) Huntington Williams, M.D.
(Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4-1940, at 4 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-1940, to 12-4-1940, and that I last saw h-- alive on 12-4-1940.

Immediate cause of death	Duration
Cerebral hemorrhage due to acute phlebitis	7 days
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 12-4-40 M.D.

VS 3

F 75121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Morse St N.W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1882

8. AGE: Years 58 | Months - | Days | If less than one day hr. min.

9. Birthplace Littleton N. C.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Luke Williams
13. Birthplace N.C.

MOTHER 14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Albert Barnes
(b) Address 1334 13 st N.W. D.C.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cem
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania ave

(a) Date rec'd by Registrar DEC 5 - 1940 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940, at 7:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis — **Duration**

Due to

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Kelsick M.D.
Medical Examiner

Date signed 12/3/40

F 75122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a

F 75122 Registered No.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2845 Greenmount Avenue
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2845 Greenmount Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME LOUIS B. MARSHALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife: Elizabeth J. Marshall
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 4, 1877

8. AGE: Years	Months	Days	If less than one day
63	5	---	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Louis C. Marshall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Pario
15. Birthplace Richmond, Va.

16 (a) Informant Elizabeth J. Marshall
(b) Address 2845 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Chas. J. Egan Sons Inc
(b) Address 119 N. Mt. Royal Ave

19 (a) (Date received by registrar) DEC 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1940, at 6.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Dec 4 1940, and that I last saw h alive on Dec 3 1940

Immediate cause of death Ephemeritis — Duration some weeks

Due to Carcinoma of long duration — Duration one

Due to ____

Other Conditions Vanadyae complicating Pulmonary Tuberculosis (Include pregnancy within 3 months of death)

Major findings: There had been ... of operations ... Of autopsy ... Pus on the heart

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bennett Fergo M. D.
Address 797 N Collington Ave Date signed 12-4-40

F 75123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 75123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 Hollins st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Hollins st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Rosalie Hurwitz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Lena
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bear Hurwitz
13. Birthplace Russia

MOTHER
14. Maiden Name Hendel
15. Birthplace Russia

16 (a) Informant Wife
(b) Address 811 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Auty Chapel
Location Mich Block

18 (a) Funeral director Jack Davis Inc
(b) Address 4739 E. Balto St

19 (a) DEC 5 - 1940 (Date rec'd by registrar) (b) ✓ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1940, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1937 to Dec. 1940, and that I last saw h alive on Dec. 5 1940

Immediate cause of death Coronary Thrombosis — Duration 2 days
Coronary Heart disease — 3 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Rd Date signed Dec 5/40

VS 3

Registered in Baltimore, Md.

F 75124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 1 F 75124 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Leistertown Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 4307 Leistertown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

15 13

3 (a) FULL NAME Martha Rudo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Max Rudo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Max Ejersky

13. Birthplace Russia

MOTHER 14. Maiden Name Ida Ejersky

15. Birthplace Russia

16 (a) Informant Ida Rudo

(b) Address 3523 Holmes ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location German Hill Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by registrar) DEC 5 - 1940 (b) Registrar Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1940, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to DEC 4 1940, and that I last saw her alive on DEC 4 1940.

Immediate cause of death: Edema of lungs — Duration: 1d

Due to: Chron Myocarditis — Duration: 2yr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. J. Baylin M.D.

Address 2040 Eutaw Date signed 12/4/40

75125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F-93125 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 Rochester Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 Rochester Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Lawson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry J. Lawson
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 7-1866

8. AGE: Years	Months	Days	If less than one day
74	6	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business "

FATHER
12. Name Christoph "Riedel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Foerster
15. Birthplace Germany

16 (a) Informant Henry J. Lawson
(b) Address 132 Rochester Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North. Ave

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto. St.

19 (a) (Date received by local registrar) DEC 5 1940 (b) Huntington, Maryland (c) Filed

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4/1940 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Dec 4 1940, and that I last saw h[illegible] alive on Dec 3 1940.

Immediate cause of death Carcinoma of left breast. — Duration 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. D. Lyford, M. D.
Address 1921 N. Patterson Pk. Date signed 12/5/1940

F 75126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75126 / 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Volunteers of America
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3437 Leverton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 8

3 (a) FULL NAME Henry Chester Morris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 22, 1940

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Prentice Morris
13. Birthplace Boonsboro, Virginia

MOTHER
14. Maiden Name Lucille Shiflette
15. Birthplace Free Union Virginia

16 (a) Informant Lucille Morris
(b) Address 3437 Leverton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) DEC 5 - 1940 (b) Huntington Williams M.D.
(Registrar's duty number) (Registrar's duty signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940, at 8:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 22 1940, to Dec. 4 1940, and that I last saw h~~im~~ alive on Dec 3 1940.

Immediate cause of death	Duration
Pneumonia - Lobar ?	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Gross
Address Volunteers of America Date signed M. D. 12/4/40

VS 3

F 75127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 75127 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Foster Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Kunkle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Lee Kunkle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1871

8. AGE: Years	Months	Days	If less than one day
69	9	13	hr. min.

9. Birthplace Germany (Town, county, and ~~state~~)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name John V. Orf
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Gottschust
15. Birthplace Germany

16 (a) Informant Mrs Frieda Addems
(b) Address 3922 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore

18 (a) Funeral director John Emrich
(b) Address 2005 Orleans St

19 (a) DEC 5 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6 1936 to 12-4 1940, and that I last saw h[illegible] alive on 12-4 1940

Immediate cause of death — Duration

Cardio-vascular disease

Due to General arterio sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Zellers

Address 2739 Eastern Ave Date signed 12/5/40 (M. D.)

F 75128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 75128

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly. 2 0'c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Light St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Clase

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife August Clase

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/1859

8. AGE: Years	Months	Days	If less than one day
81	3	12	hr. min.

9. Birthplace Albany NY.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Rauscher
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Madden
15. Birthplace Germany

16 (a) Informant Mrs John Freiensener
(b) Address 1400 Light St

17 (a) Burial (b) Date thereof 12/7/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakdown
Location Eastern Ave.

18 (a) Funeral director John J. Dalton & Son
(b) Address 1313 E. Fayette St

19 DEC 5 - 1940 (b) Harrington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1940, to Dec. 4, 1940, and that I last saw h.w. alive on Dec. 4, 1940

Immediate cause of death	Duration
Chronic myocarditis (with Cerebral failure)	
Due to	
Due to	
Other Conditions Malignancy - Intest. with metastasis to liver	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Friedman, M. D.
Address 1319 Light St. Date signed Dec. 7, 1940

VS 3

F 75129 Duplicate

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75129 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 E. 32nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 E. 32nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar E. Carter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-1865

8. AGE: Years	Months	Days	If less than one day
75	9	12	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Robert R Carter
13. Birthplace Va

MOTHER
14. Maiden Name Mary A Miles
15. Birthplace Va

16 (a) Informant Sadie E Carter
(b) Address 2019 E 32nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location

18 (a) Funeral director Henry W. Lears & Son
(b) Address 805 N Calvert St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1940. to Dec 2, 1940. and that I last saw him alive on Dec 2 1940.

Immediate cause of death	Duration
Cardio-vasculo-renal disease	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo B. Dyer M. D.
Address 2807 Harford Ave Date signed

VS 8

75130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 75130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1418 Bruce St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Berkley Howard

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/14/

8. AGE: Years	Months	Days	If less than one day
	10	20	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Leonard Howard

13. Birthplace Md

MOTHER 14. Maiden Name Violet Cole

15. Birthplace Md

16 (a) Informant Violet Howard

(b) Address 1418 Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. D. Kelson

(b) Address 130 N. Pine St

19 (a) (b) Registrar

Entered by me in Funeral Register

DEC 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1940 at 4:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1940, to 12-2 1940, and that I last saw h[illegible] alive on 12-2 1940.

Immediate cause of death	Duration
Third Degree Burns of Whole Right Side of Body	
Due to Scalding Hot Water	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 11-26-40

(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No - Tea-kettle.

(e) Means of injury Burns - Scalding water

23. Signature E. F. Phillips M.D.

Address 1514 Division St Date signed 12/4/40

Howard A. Mueller M.D.

75131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Stamford Road, Ten Hills
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Stamford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN HESS

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1940 at M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Ball Hess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1851

8. AGE: Years	Months	Days	If less than one day
89	7	23	hr. min.

9. Birthplace Harford County, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Hess
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Gross
15. Birthplace Germany

16 (a) Informant Mrs. George R. Watson,
(b) Address 604 Stamford Road, Ten Hills

17 (a) Burial (b) Date thereof Dec. 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) Dec 6 1940 Hunting the Hills Registrar
VS 3

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to Dec 3 1940, and that I last saw h alive on Dec 3 1940.

Immediate cause of death	Duration
Acute Edema of Lungs	one day
Due to Chronic Myocarditis	2 mos
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F. Stoner M. D.
Address 401 Edmondson Ave Date signed 12/4/40

4

75132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 75132

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Mosher St. 4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Rice

(a) Residence: No. 708 Mosher St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 15. 1876

7. AGE: Years 63 | Months 11 | Days 1315 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Bolden

14. BIRTHPLACE (city or town) (State or country): ... Md.

MOTHER

15. MAIDEN NAME: Josephine Cooper.

16. BIRTHPLACE (city or town) (State or country): ... Md.

17. INFORMANT: Mrs Laura Fuller

(Address) 723 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Dec. 6 19 40

19. UNDERTAKER: Mr Francis A. Kemsley.

(Address) 618 W. Biddle St.

DEC 5 - 1940

Registrar. Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 3 , 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1940 to Dec 3, 1940

I last saw her alive on Dec 3 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B. c.	
	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward J. McCaffery M. D.

(Address) 1230 Druid Hill Ave

F 75133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75133 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 St. Stephens St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 St. Stephens St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 Sub

3 (a) FULL NAME George Frederick Keller

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nannie R. Keller
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) September 20, 187[illegible]

8. AGE: Years	Months	Days	If less than one day
69	2	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Gas Company Worker
11. Industry or business Consol. Gas & Elec. Co.

FATHER
12. Name William Keller
13. Birthplace Germany

MOTHER
14. Maiden Name Christine ?
15. Birthplace Germany

16 (a) Informant Mr. William P. Keller
(b) Address 5927 Greenhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1005 W. Baltimore St.

19 (a) (Date rec'd by registrar) DEC 5 1940 (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1940 at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 4 1940 to December 4 1940 and that I last saw him alive on 12-3 1940.

Immediate cause of death	Duration
Arteriosclerosis with Arteriosclerotic Heart Disease	4 yrs
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1201 Poplar Grove St Date signed

F 75134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 75134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Notre Dame, Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget O'Donnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22, 1885

8. AGE: Years	Months	Days	If less than one day
~~55~~ 55	10	12	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Child's Nurse
11. Industry or business

FATHER
12. Name James O'Donnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget O'Donnell
15. Birthplace Ireland

16 (a) Informant Mrs. Frank Hayes
(b) Address 4701 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. M. Donovan
(b) Address 1905 W. Baltimore St.

DEC 5 - 1940

19 (a) (Date rec'd by registrar) Mon. Hilliard (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 4 1940 at 1:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1940, to 12-4 1940, and that I last saw her alive on 12-4 1940.

Immediate cause of death: arteriosclerotic cerebral thrombosis. — Duration: 2 months

Due to

Due to

Other Conditions Hypertension with cardiovascular disease. — Duration: 1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 12-4-40

VS 3

285409
75135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 P

F 75135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude Venable

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Married

6 (b) Name of husband or wife Julius (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-96

8. AGE: Years	Months	Days	If less than one day
44	7	5	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Willie Knight
13. Birthplace Va.

MOTHER 14. Maiden Name Jennie Motley
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. J. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 DEC 5 1940 (Huntington Williams) M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1940 at 8 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1940 to Dec 3 1940 and that I last saw h alive on Dec 3 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertens. C. V. Disease	5
Due to	
Other Conditions Phlebitis	
Septicemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tearney M. D.
Address Johns Hopkins Hosp. Date signed 12-3-40

75136

CERTIFICATE OF DEATH 48-D

Registered No.

THE MORGUE - MARGIN RESERVED FOR BINDING -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 Forest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANCES PETTUS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Alfred Pettus.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 3, 1880

8. AGE: Years	Months	Days	If less than one day
60	3	-	hr. min.

9. Birthplace Harrisonburg, Virginia (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name George Brown.
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Brown
15. Birthplace Virginia

16 (a) Informant Roberta Smith Baker
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location B. C. County Md.

18 (a) Funeral director Mrs. R. J. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 DEC 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 25

20. DATE OF DEATH Dec 3 1940, at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of uterus	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 12-4-40

MD

E 75137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓

Registered No. E 75137

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Hunter St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 913 Hunter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3429

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Maryland Lumber Co

FATHER
12. Name James Harvey
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine P. Boston
15. Birthplace Balto Md

16 (a) Informant Mildred Chester
(b) Address 913 Hunter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location A. A. County

18 (a) Funeral director Joseph G. Lively
(b) Address 410 W. Mount street

DEC 5 - 1940 (Date rec'd by registrar) Thomas for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1940 at 1 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Landenberger M.D. Medical Examiner.

Date signed 12/5/40

VS 6

75138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. 75138

USE MORGUE + MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Stump alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert Collins 217-01-7666

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-7666

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Sept 21 1907

8. AGE: Years 33 | Months 2 | Days 10 12 | If less than one day: hr. min

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Harry Collins

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary Alsop

15. Birthplace Balto Md

16 (a) Informant Mary Brown (mother)

(b) Address 133 W Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto. Md

18 (a) Funeral director Charles H Harper

(b) Address 514 N. Calhoun St.

19 (a) DEC 5-1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3- 1940, at 2 15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab Wound of Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12-2-40
(c) Where did injury occur? 601 Stump alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Sharp instrument - Pocket Knife

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 12-3-40

VS 6

75139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a V F 75139
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph C. Grimm

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-05-1135

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	25	hr. min.

9. Birthplace Pennsylvania (Town, county and state)
10. Usual Occupation Secretary
11. Industry or business Estate

FATHER
12. Name John Grimm
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Anna Sommers
(b) Address 1913 E. North Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-7-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Roch
Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington Hillis (Registrar)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1946 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage; spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. VanderGrift M.D.
Medical Examiner.
Date signed

DEC 5 1946

75140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ Registered No. F 75140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (if outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Ashland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 yrs. years

3 (a) FULL NAME Anton Kucera Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. Wallcut

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Josephine Kucera
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1865

8. AGE: Years	Months	Days	If less than one day
75	3	19	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Max Millian Kucera
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Josephine Kucera (wife)
(b) Address 2006 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Hornera Land & Phila Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 Date received DEC 5 - 1940 Thurston Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Dec 4 1940, and that I last saw him alive on Dec 4 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2206 E Madison St Date signed 12/5/40

F 75141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 75141 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 N. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Hilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME ANGELINA JANNEY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Janney
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): April 6 1893

8. AGE: Years	Months	Days	If less than one day
47	7	26	hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Philip Gerardi
13. Birthplace: Italy

MOTHER
14. Maiden Name: Anna M. Gerardi
15. Birthplace: Italy

16 (a) Informant: Louis Janney (Husband)
(b) Address: 105 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 6 -40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cemetery
Location: Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 Dec 5 1940 Hunting to Hillsboro Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1939 to Dec. 3, 1940, and that I last saw h[er] alive on Dec. 3, 1940.

Immediate cause of death	Duration
Carcinoma - Uterus	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pennington M. D.
Address 514 Druid Park Lane Date signed 12/4/40

F 75142 ✓ F 75142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 N. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Castle st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Margaret. C. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19/1874

8. AGE: Years	Months	Days	If less than one day
66	4	15	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Harold Davis (Son.)
(b) Address 1718 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Frederick Rd.

18 (a) Funeral director Lilly & Zalenka
(b) Address 403 S. Wolfe St.

19 (a) DEC 5 — 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 5 Pm

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Dec 4 1940 and that I last saw her alive on Dec 4 1940

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to Hypertension Myocarditis — 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Schneider

Address 1211 N. Wheeler Ave Date signed 12-5-40 M. D.

F 75143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

Registered No. F 75143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 S. Broadway - 2nd Floor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME ANGELINA DRUSANO

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: of the late Joseph
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 23 1882
8. AGE: Years 58 | Months 4 | Days 11 | If less than one day hr. min.
9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Anthony Cossentino
13. Birthplace: Italy

MOTHER
14. Maiden Name: Tomassina Miele
15. Birthplace: Italy

16 (a) Informant: Louis Drusano (Son)
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd. Baltimore Md.
18 (a) Funeral director: Guido Della Noce
(b) Address: 52 N. Morley St.
19 (a) Dec 5 1940 (Date received by registrar) (b) Hunter to Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1940 at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 19— to Dec 4 1940 and that I last saw h[illegible] alive on Dec 4 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 14 hrs.
Due to: Hypertension & Cardio Vascular Disease - Auricular Fibrillation — 1935.
Due to: Hereditary Predisposition. —
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Anthony Tolerico
Address 5217 York Rd. Date Dec 5/1940

VS 8

75144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E ✓ F 75144 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1437-N. Patterson Park Av.
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437-N. Patterson Pk. Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Charles Grandon Clark

3 (b) If veteran, name war: none -
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife ------
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) 3/16/1926
8. AGE: Years 14 | Months 8 | Days 16 | If less than one day ---- hr. ---- min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Floyd G. Clark
13. Birthplace Maryland.

MOTHER
14. Maiden Name Viola A. Chester
15. Birthplace Maryland.

16 (a) Informant Mrs. Viola A. Clark
(b) Address 1437-N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director Geo. G. Roth, Inc.
(b) Address 1735-Harford Ave.

19 (a) DEC 5 1940 (b) (Registrar)
Huntington Williams, M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased ~~on~~ DEC 3rd 1940, to 19..., and that I last saw ~~him~~ alive on Dec 3rd 1940

Immediate cause of death: Congenital Malformation of Brain
Congenital Malformation of Heart — Duration Since Birth

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg M.D.
Address 1524 N. Patterson Park Ave. Date signed 12/5/40

75145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 75145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospl.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Months 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 1810 E. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Susanna Quigley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1864

8. AGE: Years	Months	Days	If less than one day
76	9	4	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Moran
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Conway
15. Birthplace Ireland

16 (a) Informant Jenkins Mem. Hospl.
(b) Address 1000 Caton Avenue

17 (c) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Margaret E. Flynn
(b) Address 1422 Light St.

DEC 5-1940 (Date rec'd by Registrar) (d) Location Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5th 1940, at 12:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1940 to Dec. 5th 1940, and that I last saw h[illegible] alive on Dec. 4th 1940

Immediate cause of death Cardiac Failure — Duration 2 wks

Due to Degen Cardio-Vas Dis

Due to Hypertension Hypostatic pneumonia

Other Conditions [illegible]

(Include pregnancy within 3 months of death.)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Pardo M. D.
Address 1 E. Eager Date signed 12/5/40

F 75146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: D.O.A.
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll Frederick
(c) City or town Mt. Airy Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William C. Anglebergen

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/16/1940

8. AGE: Years | Months 4/12 | Days 19 | If less than one day hr. min.

9. Birthplace Mt. Airy, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Emory Anglebergen
13. Birthplace ?

MOTHER 14. Maiden Name Stella ?
15. Birthplace ?

16 (a) Informant Mercy Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory
Location Frederick, Md.

18 (a) Funeral director
(b) Address Frederick, Md.

19 (a) DEC 5 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1940, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from D.O.A. 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Respiratory failure — Duration: one

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Eyerer Jr. M. D.
Address Mercy Hospital Date signed 12/5/40

F 75147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie J Hurle

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1858

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Washington D. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name Honora Donnell
15. Birthplace Ireland

16 (a) Informant Jennie L Bookhout
(b) Address 1702 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7/40 (month) (day) (year)
(c) Cemetery or crematory M. E. Mt. Olivet
Location Baltimore

18 (a) Funeral director Williams Court
(b) Address 1217 St Paul St

19 DEC 6 1940 (Date rec'd by Registrar) (b) Hunting Ave Hillsboro Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4/40 19 , at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1940 to Dec 4 1940, and that I last saw her alive on 12/4 1940

Immediate cause of death	Duration
Carcinoma of the large colon	1 yr
Due to	
Due to	
Other Conditions Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 20 20 Wilkens Ave Date signed 12/5/40

F 75148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75148 Registered No. 131-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Ellamont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Ellamont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

167

3 (a) FULL NAME Mary Louise Wolf
3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30-1877

8. AGE: Years	Months	Days	If less than one day
63		4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

PARENTS
12. Name Henry Williams
13. Birthplace Baltimore Md
MOTHER
14. Maiden Name Hannah Lessig
15. Birthplace Baltimore Md

16 (a) Informant Charles H. Wolf
(b) Address 411 East Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn Cemetery

18 (a) Funeral director William Crook
(b) Address 1217 St Paul Street

19 (a) DEC 6 1940 (Date received) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to Dec 4th 1940, and that I last saw h[illegible] alive on Dec 4 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to Cerebral Hemorrhage Renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 3045 W. North ave Date signed Dec 6 1940 M. D.

E 75149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

E 75149 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rockamore Apartments
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & Franklin Sts
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Muesse

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry Muesse
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 29th 1849
8. AGE: Years 91 | Months 4 | Days 6 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name George Kreitzer
13. Birthplace Germany

MOTHER
14. Maiden Name Sabina Kreitzer
15. Birthplace Germany

16 (a) Informant Miss Katherine Muesse
(b) Address Charles & Franklin Sts
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto- Md.
18 (a) Funeral director William Cook
(b) Address 217 St Paul St
19 (a) 1940 (Date registered) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5th 1940, at 2:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Dec 4 1940, and that I last saw her alive on Dec 4 1940.

Immediate cause of death	Duration
Arteriosclerosis	
Hepatitis	
Due to chron Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lowe Smalley M. D.
Address 2066 Balto Date signed 12-6-40

F 75150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 75150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1130 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Jeffrey Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Alice L. Johnson
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 10 1 1878

8. AGE: Years	Months	Days	If less than one day
62	2	3	hr. min.

9. Birthplace Dorchester Co Md
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business U.S. Customs

FATHER
12. Name Charles Johnson
13. Birthplace Vienna Md.

MOTHER
14. Maiden Name Harriet Stanley
15. Birthplace Md

16 (a) Informant Alice Johnson
(b) Address 1130 Druid Hill
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Balto Md
18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
19 (a) (Date rec'd by registrar) (b) Permit issued

DEC 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to 12-4 1940.
and that I last saw him alive on 12-4 1940.

Immediate cause of death
Adenocarcinoma of Rectum — Duration 5 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. McRae M. D.
Address 1126 Druid Hill Date signed 12-5-40

F 75151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-2

Registered No. F 75151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Hollins Street
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Hollins Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

19 3

3 (a) FULL NAME ----- FREDERICK Ward MARKER -------

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mazie Fawcus

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 25, 1885

8. AGE: Years	Months	Days	If less than one day
55	7	8	----hr.------min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Motorman Transferred in 1936
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Samuel W. Marker
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary H. Maisel
15. Birthplace Cromwell Baltimore County Md.

16 (a) Informant Walter E. Hathaway
(b) Address 1428 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/40. (month) (day) (year)
(c) Cemetery or crematory GREEN MOUNT CEM.
Location Baltimore City

18 (a) Funeral director C. B. Shuppert's Son
(b) Address CFW. 1320 Eutaw Place

DEC 6 1940 (Date received by Registrar) (b) Chester Rose Riland, M. D. Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 17 1940 to December 3 1940, and that I last saw him alive on December 2 1940.

Immediate cause of death
(a) Obstruction of Heart — Duration about 2 months
Due to Organic Heart Disease
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Date signed 12-5-40

VS 2

Dr. Chester Riland

75152 HEALTH DEPARTMENT—CITY OF BALTIMORE 75152

CERTIFICATE OF DEATH

161-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hecker

If U. S. Veteran specify WAR.

(a) Residence: No. 545 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1940

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Edward Hecker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Nicholson

16. BIRTHPLACE (city or town) (State or country) Bellaire, Ohio

17. INFORMANT Mrs. Emma Hecker (Mother)
(Address) 545 N. Pulaski

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Dec 6, 1940

19. UNDERTAKER Edward W. Coughlin & Son
(Address) 1142 Eager St.

20. DEC 6 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/40 19

22. I HEREBY CERTIFY, That I attended deceased from 12/4/ 1940, to 12/5/40 1940

I last saw h... alive on 12/5/40 19... Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward L. Kriegsmann M.D.

(Address) Bon Secours Hospital

Physician for Baltimore, Md.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SC 6-

F 75153 61384-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 75153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 S. Smallwood St. 20
(If rural give location)
(e) If foreign born, how long in U. S. A.) 34 years

3 (a) FULL NAME Morris Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cecilia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-1877

8. AGE: Years	Months	Days	If less than one day
63	6	2	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation presser
11. Industry or business

FATHER
12. Name Jesse Fisher
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Zeker
15. Birthplace Russia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St
(d) Funeral director Jack Lewis Inc
(e) Address 1439 E. Balto St.
DEC 6-

19 (a) (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1940, to 12-6 1940, and that I last saw h[illegible] alive on 12-6 1940

Immediate cause of death: Bleeding Ulcer of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rigdon M.D.
Address Balto. City Hospitals Date signed 12-6-40

VS 8

F 75154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-E Registered No. F 75154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 S.Clinton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara M.Shryock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1856

8. AGE: Years	Months	Days	If less than one day
84	2	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Frazier
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jane Cullen
15. Birthplace Baltimore

16 (a) Informant Mrs. Fred. Scheufel
(b) Address 931 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location Odonnell St.

18 (a) Funeral director Edward P. Hoffman
(b) Address 1639 N.Broadway.

19 (a) DEC 6 1940 (Date received by local registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 4.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1939 to Dec 4 1940 and that I last saw h alive on Dec 4 1940

Immediate cause of death Embolism

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
?
3 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 913 Cathedral St. Date signed 12/4/40

VS 8

F 75155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-E

F 75155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 5004 Edmondson Ave (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonora A. Dawson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married (Widow)

6 (b) Name of husband or wife: Edward J. Dawson
6 (c) If alive, give age dec years

7. Birth date of deceased (mo., day, yr.) Dec 21 1864

8. AGE: Years 75 | Months 11 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Akers
13. Birthplace England

MOTHER
14. Maiden Name Louisa Passay
15. Birthplace Balto Md

16 (a) Informant Mary A Akers
(b) Address 5064 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director John A. Whitefield Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by Registrar) DEC 6 1940 (b) [illegible] M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1940, at 7:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Malignant tumor: Cystic adamantinoma of hypophyseal	
Due to duct: erosion of left ophthalmic vessels with	
Due to hemorrhage	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Landefeld M.D. Medical Examiner.
Date signed 12/5/40

F 75156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40Th ST.
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md - (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13-9 Home for Incurables
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Torney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single -

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-27-1845

8. AGE: Years	Months	Days	If less than one day
95	1	18	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business "

FATHER
12. Name Otto Torney
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hauderer
15. Birthplace Balto md -

16 (a) Informant M. Wharton
(b) Address Home for Incurables

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 6/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto. Md.

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Interment or Removal

DEC 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 4 1940, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1st 1938. to Dec. 4 1940. and that I last saw her alive on Dec. 3rd 1940.

Immediate cause of death Acute Myocardial Insufficiency

Due to Widespread Senile Deterioration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Several days over Several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. Gwyn M.D.
Address 11 E. Chase St. Date signed 12-5-40

F 75157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 75157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Westwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Westwood Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ann Lancaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife John Henry Lancaster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1841

8. AGE: Years	Months	Days	If less than one day
99	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Ezra Schaunk
13. Birthplace Md

MOTHER
14. Maiden Name Ann Beck
15. Birthplace Md.

16 (a) Informant Mrs. Sadie A. V. Downey
(b) Address 3013 Westwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1940 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 9 1940 (Registrar) (b) Filed [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5th 1940, at 6 a M 30

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Dec 5th 1940, and that I last saw h[illegible] alive on Dec 5th 1940.

Immediate cause of death Coronary occlusion

Due to Generalized arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 3045 W. North Ave. Date signed

F 75158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No. F 75158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma Abbott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John H. Bond
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J. Graves
15. Birthplace Maryland

16 (a) Informant Daughter - Beatrice Abbott
(b) Address 1530 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7-40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Powhatan, Balto Co. Md.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eastern Place

19 (a) (Date rec'd by registrar) (b) Registrar
DEC 6 - 1940 Thurlow H. Hillcoate, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Dec. 4 1940, and that I last saw her alive on Dec. 4 1940.

Immediate cause of death Extensive Metastases of Carcinoma of Pelvic Organs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration of Last 2 years over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul J. Kaminski M. D.
Address Church Home + Infirmary Date signed Dec. 4, 1940

(2 B 75159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 aE 75159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Braddish Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Braddish Lane (If rural give location)
BIDDISON
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Sunderland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife late Wade H. Sunderland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1882

8. AGE: Years	Months	Days	If less than one day
58	4	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name James Clark
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr. Clifton Sunderland
(b) Address 4016 Bellwood Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave & Longwood

18 (a) Funeral director John J. Gowan & Son
(b) Address 941 Hopkins Place.

DEC 6 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5th 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1940, to Dec 5 1940, and that I last saw h alive on Dec 5 1940

Immediate cause of death	Duration
Acute Heart Failure	Dec. 4-5
Due to Hypertensive Cardiovascular Renal Disease	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary E. Johnson M. D.
Address 4720 Belair Rd Date signed Dec 5, 1940

(1)F 75160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

F 75160 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2224 Frederick Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Schetter

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-4657

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27, 1886

8. AGE: Years	Months	Days	If less than one day
53	11	7	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation Roofer

11. Industry or business Joseph Lexi Co.

FATHER 12. Name John Schetter

13. Birthplace Germany.

MOTHER 14. Maiden Name Theresa

15. Birthplace Germany.

16 (a) Informant Mrs Mary C. Schetter

(b) Address 2224 Frederick Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location #3809 Frederick Ave

18 (a) Funeral director John J. Conway Son

(b) Address 901 W Fallis St.

DEC 6 - 1940 (Date rec'd by registrar)

(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1940 at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940, to 12-4 1940, and that I last saw h[illegible] alive on 12-4 1940

Immediate cause of death Perforated Peptic Ulcer — Duration

Due to

Due to

Other Conditions Carcinitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Peptic ulcer - Carcinomatosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Brady Smith M. D.

Address St. Agnes Hospital Date signed 12/4/40

VS 3

75161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 75161

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 554 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 554 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Annie W. O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Joseph J. O'Neill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1862

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Mayer
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Albert E. Schmidt
(b) Address 554 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) E. Fort Ave. (Signature)

DEC 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3rd 1940 at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1940 to Dec 3 1940 and that I last saw h.e.r alive on Dec 3 1940.

Immediate cause of death	Duration
Cerebral Haemorrhage	13 days
Due to Arteris Sclerosis &	?
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. H. Streett M. D.
Address 421 E Fort Ave. Date signed 12/6/40

LEWIS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75162

CERTIFICATE OF DEATH

F a 75162

1. PLACE OF DEATH 1344 W. Calhoun St 31 Registered No.

CITY OF BALTIMORE: (No. St., Ward) 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ada Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 1344 W Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard Lewis

6. DATE OF BIRTH (month, day, year) March 31, 1905

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
35	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Ford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dora Vass
(Address) 1344 W Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 12/6 19 40

19. UNDERTAKER Geo. G. Belason
(Address) 1303 Pennsylvania Ave

20. DEC 6 - 1940 Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1940 to 12-1 1940

I last saw h alive on 12-1 1940 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-1-40

Other contributory causes of importance:

Hypertension Cardiac Failure	
Renal Disease	9-25-40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M Eselan M. D.

(Address) 803 W Franklin

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 75163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F 75163 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Hospital~~ or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Watkins

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	ad	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1935

8. AGE: Years	Months	Days	If less than one day
5	-	6	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Charles Watkins
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Nannie Franklin
15. Birthplace Calvert Co. Md.

16 (a) Informant Nannie Watkins
(b) Address 727 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. W. Kelson
(b) Address 1343 Pregelgman Huntington Ave. Baltimore Md.

19 (a) DEC 6 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1940, at 10 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1940, to 12-4 1940, and that I last saw her alive on 12-4 1940.

Immediate cause of death Rheumatic Heart disease — Duration

Due to —

Due to —

Other Conditions Mitral Stenosis and insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Musgrave M. D.
Address Provident Hospital Date signed 12-5-40

VS 3

F 75164

MH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 75164

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 ½ Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Beyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1940

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation New Baby

11. Industry or business

FATHER
12. Name Clifford Beyer
13. Birthplace Md.

MOTHER
14. Maiden Name Veronica Juriat
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospital

18 (a) Funeral director
(b) Address 4949 Eastern Avenue

19 DEC 6 - 1940 (Date rec'd by registrar) (b) Huntington Undertaking Co.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1940, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1940 to 11-30 1940, and that I last saw her alive on 11-30 1940.

Immediate cause of death Prematurity — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Goodson M. D.
Address B. C. Hosp Date signed 12/5/40

F 75165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194- Registered No. F 75165

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Augusta St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES DUVALL

3 (b) If veteran, name war

3 (c) Social Security Account No. Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1903

8. AGE: Years	Months	Days	If less than one day
37	8	18	hr. min

9. Birthplace Winnsboro S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business W. P. A.

FATHER
12. Name James Duvall
13. Birthplace S. C.

MOTHER
14. Maiden Name Laura Corna
15. Birthplace S. C.

16 (a) Informant Ida Smith
(b) Address Granite Quarry N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A. A. County Md.

18 (a) Funeral director Joseph G. Lockard
(b) Address 1504 N. Central Ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

DEC 6 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1940 at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Wollenweber M.D. Medical Examiner.
Date signed 12-4-40

F 75166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 31-a

F 75166 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Warner St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara E. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Married

6 (b) Name of husband or wife Hubert

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1884

8. AGE: Years	Months	Days	If less than one day
54	3	1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Laundress

FATHER
12. Name Ruben Goodwin
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Johnson
15. Birthplace Md

16 (a) Informant Hubert Jackson
(b) Address 1022 Warner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 2 - 40 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Annapolis Md

18 (a) Funeral director Jerial L. Brown
(b) Address 108 W Montgomery St

19 (a) DEC 6 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 1 1937 to Dec 2 1940 and that I last saw her alive on Dec 2 1940.

Immediate cause of death
Coronary Thrombosis
Due to arteriosclerosis
Due to Chr Neph Nephritis
Due to
Other Conditions

Duration
2 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12/5/40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

M 46-F

F 75167 — Registered No. F 75167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 N Dawson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Hebron (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
Visit
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Elizabeth Gillis

3 (b) If veteran, name war — 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1869

8. AGE: Years	Months	Days	If less than one day
70	11	10	hr. ____ min.

9. Birthplace Hebron, Wicomico, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Thomas C. Callaway
13. Birthplace Princess Anne, Md.

MOTHER
14. Maiden Name Sarah M. Fiddy
15. Birthplace Wicomico County, Md.

16 (a) Informant Woodland Gillis
(b) Address 816 N Dawson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/40 (month) (day) (year)
(c) Cemetery or crematory Mardela Cem.
Location Mardela Springs, Md.

18 (a) Funeral director Mrs. B. Monroe Layfield
(b) Address Hebron, Md.

DEC 6 - 1940 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 6 1940.

Dec 6 1940

Immediate cause of death	Duration
Carcinoma of the liver	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Atlas, M.D.
Address 417 Fulton Date signed Dec 6/40

VS 3

75168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 75168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Sheppard (59873)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1920

8. AGE: Years	Months	Days	If less than one day
20		22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles
13. Birthplace Va.

MOTHER
14. Maiden Name Sareh Johnson
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 6 1940 (Date received by registrar) Huntingtown, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1940, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8, 1940 to Dec. 4, 1940, and that I last saw her alive on Dec. 4, 1940.

Immediate cause of death Pulmonary tuberculosis — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rogdon M. D.

Address Balto. City Hospitals Date signed 12-5-40

VS 3

75169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 - E Registered No. E 75169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min
(e) Length of stay in Baltimore (yrs., mos., or days) 5 min

2. USUAL RESIDENCE OF DECEASED: 28-02
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Baby Girl Eastwick.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5 - 1940

8. AGE: Years — Months — Days — If less than one day hr. 5 min.

9. Birthplace Baltimore - Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Andrew Maurice Eastwick Jr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Margaret Rawlings
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address —

17 (a) Removal (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Carnegie Laboratory
Location Embryology

18 (a) Funeral director Wolfgang Monument
(b) Address Streets - Baltimore

19 Filed DEC 6 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1940, at 10-45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Intrauterine asphyxia

Due to probably Intracranial Hemorrhage

Due to Born presentation

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John L. Murray Jr.
Address 9 E. Chase St. Date signed 12/5/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

75170

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland 46-H

Registered No. .....

CITY OF BALTIMORE: (No. Lafayette & John St., ... Ward 7B)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Marie Buchanon Sullivan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2437 Pickwick Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mark Sullivan

6. DATE OF BIRTH (month, day, year) July 13 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. McMechen Buchanan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Julia Junkin McCay

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Sydney Parker

(Address) 2418 Pickwick Road

18. BURIAL, [redacted]

Place Greenmount Date 12/7/40 19

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.

(Address) North & Pa. Avenues

20. FILED DEC 6 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1940 to Dec 6, 1940

I last saw her alive on Dec 6, 1940 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma, retroperitoneal	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lynwood W. Sears M. D.

(Address) Hosp. for Women of Md.

75171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-c F 75171 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3011 Belmont Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3011 Belmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Parker

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Sarah E. Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired - Transfer Business
11. Industry or business Self

FATHER
12. Name Fred Parker
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Anna Mass
(b) Address 3011 Belmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director [illegible]
(b) Address Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1940, at 10:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Dec 5, 1940, and that I last saw [illegible] alive on Dec 3, 1940.

Immediate cause of death Carcinoma of Mouth — Duration 1½ yrs.
Due to
Due to
Other Conditions Hypertension. Hemiplegia, left
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram Goldman, M. D.
Address 2313 W. North Ave. Date signed 12/5/40

75172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75172

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1720 Lakeside Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1720 Lakeside Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE W. DUFF

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma L. Duff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1855

8. AGE: Years	Months	Days	If less than one day
84 85	11	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business Self

FATHER

12. Name Henry Duff

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Unknown

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Emma L. Duff

(b) Address 1720 Lakeside Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 40 (month) (day) (year)

(c) Cemetery or crematory Immanuel

Location Lauraville, Maryland

DEC 6 1940

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/40 19 . to Dec 4 1940, and that I last saw h[illegible] alive on Dec 4 1940.

Immediate cause of death	Duration
Myocardial Degeneration	6 mo
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. W. Hergan M. D.

Address 1710 E 33rd St. Date signed Dec 5/40

75173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-N

Registered No. F 75173

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ? yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Wilmar Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Wainwright

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1899

8. AGE: Years 41? Months 1 Days 17 If less than one day hr. min.

9. Birthplace ? Whitehaven, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ? Stephen Wainwright Sr.
13. Birthplace ? Whitehaven Md

MOTHER
14. Maiden Name ? Nettie Gaddis
15. Birthplace ? Whitehaven, Md.

16 (a) Informant Martha Wainwright
(b) Address 312 Pressman Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-40 (month) (day) (year)

(c) Cemetery or crematory
Location Salisbury Md.

18 (a) Funeral director Mrs Frankie A. Hemsley
(b) Address 578 W Biddle St

19 (a) (State registrar) (b) Registrar

DEC 7 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-1940, at 12 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-1940, to 12-3-1940, and that I last saw h[illegible] alive on 12-3-1940.

Immediate cause of death: Uremia — Duration ?

Due to: Arteriolar nephrosclerosis — Duration ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 12-6-40 M. D.

75174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 75174 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 E. 31st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 E 31st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Wendel

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Adolph F. Wendel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 25, 1876
8. AGE: Years: 64 Months: 6 Days: 2 If less than one day: hr. min.
9. Birthplace: Balto. Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Retired

FATHER
12. Name: Geo. Sann
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Becker
15. Birthplace: Germany

16 (a) Informant: Mr. A. F. Wendel
(b) Address: 1630 E. 31st St

Burial Parkwood (Burial, cremation, or removal)
(b) Date thereof: Dec 7, 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor Ave

18 (a) Funeral director: J. Heinsohn & Son
(b) Address: 32 S. Broadway

19 (a) 1940 (Date filed by registrar) (b) Liber 1 Folio 8

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4 1940, at 12:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [illegible] M.D. (Medical Examiner.)
Date signed 12/5/40

F 75175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 B-1
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Farrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace NC (Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sarah Farrington
(b) Address 1133 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 1142 West Fayette St

19 DEC 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Dec 4 1940, and that I last saw him alive on Dec 4 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 hr
Due to Acute Regurgitation	?
Aortic Arteritis	
Due to Lues	?
Other Conditions Interstitial Nephritis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. F. Tunnell M. D.
Address 665 W. Baltimore Date signed 12/7/40

M. D. B. 1268-6

75176 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75176

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 W. North St. 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Monroe W LaMotte

(a) Residence: No. 2232 W. North ave. St., 15-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Josephine LaMotte

6. DATE OF BIRTH (month, day, year) June 18 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Mail clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John LaMotte

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Strevig

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. Eric LaMotte

(Address) Woodlawn P.O. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Md Date 12-10 1940

19. UNDERTAKER Jacob Winks Sons

(Address) Chester Md

DEC 7 1940

Thurlington Williams, M.D.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.40, to Dec. 7 19.40

I last saw him alive on Dec. 5, 1940. Death is said to have occurred on the date stated above, at 4:50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Mertz M. D.

(Address) 7314 W. North Ave.

NO. 5—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

F 75177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 W University Pky
(c) Hospital or institution At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City.
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 W University Pky
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Estelle Anderson Diffenderffer

3 (b) If veteran, name war None.

3 (c) Social Security Account No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5th 1940, at 8.40 P.M.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: W. S. Diffenderffer.
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Sept-9-1867

8. AGE: Years 73 | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER — 12. Name Col. Albanis Anderson
13. Birthplace Phila Pa.

MOTHER — 14. Maiden Name Sallie Ayres
15. Birthplace Wilmington — Del.

16 (a) Informant Mrs R. A. Lee - (Daughter)
(b) Address 1002 W University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Filed (Date rec'd by registrar) (b) Registrar's signature

DEC 2 1940

VS 8

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Dec 5 1940; and that I last saw her alive on Dec 5 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	3 mos
Due to Arterio-Sclerosis	4 years
Due to Hypertension	Reduced
Due to Myocarditis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None Done.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Mowen

Address 1403 Park Ave Date signed 12/3/40 M. D.

75178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-V

Registered No. F 75178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct DEC 5 1940 is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2925 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George Wm Marsh

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Kate Marsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1-1858

8. AGE: Years	Months	Days	If less than one day
82	7	6	hr. min.

9. Birthplace New York - N.Y. (Town, county, and state)
10. Usual Occupation Surgical Supplies
11. Industry or business

FATHER 12. Name Wm E Marsh
13. Birthplace N.Y. Perkins

MOTHER 14. Maiden Name Anna Gertside
15. Birthplace N.Y.

16 (a) Informant Mrs Edna M Smith
(b) Address 2925 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Patterson & Son
(b) Address 2224 N. Charles St.

19 (a) DEC 7 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1940 at 6.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1940 to 12/7 1940. and that I last saw he alive on 12/7 1940.

Immediate cause of death Cerebral Accident - Lt.
Due to
Due to
Other Conditions Generalized Arteriosclerosis + Hypertension
(Include pregnancy within 3 months of death)

Duration 5 days over
over
over
over
over 40

Major findings:
Of operations No operation
Of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Wallenstein M. D.
Address Date signed 12/7/40

VS 3

F 75179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-C

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2032 Madison Ave. 42 Ward)
Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Hannah E. Cockerell
If U. S. Veteran specify WAR _____

(a) Residence: No. 2032 Madison Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Wm Cockerell

6. DATE OF BIRTH (month, day, year) Sept 14, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
66	2	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Northumberland Co (State or country) Va.

FATHER
13. NAME Jesse Kenner
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Anna Cockerell
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Susie Ellison
(Address) 2032 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Northumberland Co Va 12-7-40

19. UNDERTAKER Archibald A. Gaskins
(Address) 3704 Mt Winans Blvd

DEC 7 - 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1940 to Dec. 5, 1940
I last saw h.Er alive on Dec 4 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:
Bronch-pneumonia — No Autopsy
No

Other contributory causes of importance:
Organic Heart Disease

Was an operation performed? No Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) _____ M. D.
(Address) 924 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2.

F 75180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1942

3 (a) FULL NAME Arthur Evans Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 3 - 1875

8. AGE: Years	Months	Days	If less than one day
65	2	2	hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Arthur Evans Jr.
(b) Address 1909 McCulloh St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.
18 (a) Funeral director Archibald A. Hayden
(b) Address 2101 McCulloh St
19 (Date rec'd by registrar) DEC 7 - 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 - 40 19 at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 19 40 to Dec 5 1940.
and that I last saw h alive on Dec 5 19 40.

Immediate cause of death	Duration
Cerebral Hemorrhage	One Week
Due to	
Due to	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 861 Gilmor St Date signed 12-8-40

VS 3

F 75181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

F 75181 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3612 Eversley avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Eversley avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME GEORGETTA DIVEN LIPPINCOTT

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: 245

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: Edward Lippincott
6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1877

8. AGE Years	Months	Days	If less than one day
63	1	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Zachariah Legoe
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha V. Dumax
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Chas. J. Evans & Son Inc.
(b) Address 418 N. Mt. Street
DEC 7 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937 to Dec 6 1940, and that I last saw her alive on Dec 5 1940

Immediate cause of death: Chronic Nephritis — Duration: 7

Due to: Senility — Duration: 1 year

Due to: Coronary Thrombosis

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ---
Of autopsy: ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ---
(c) Where did injury occur? --- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --- (Specify type of place) While at work?
(e) Means of injury ---

23. Signature Walter Brumer M.D.
Address 3603 Edmondson Ave Date signed M. D. 12/7/40

VS 3

75182

HEALTH DEPARTMENT—CITY OF BALTIMORE

75182

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Colony St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martha Davis.

If U. S. Veteran specify WAR

(a) Residence: No. 1106 Colony St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Davis.

6. DATE OF BIRTH (month, day, year): 1/16/1876

7. AGE: Years 65; Months 9 10; Days 13 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework.

10. Date deceased last worked at this occupation (month and year): 4 39

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): West River Md. Maryland

FATHER

13. NAME: Frank Davis

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Maryland

MOTHER

15. MAIDEN NAME: Tamiff ?

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Maryland

17. INFORMANT: Mary Greeby

(Address) 229 N. Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL: Place Brewer Hill Cemetery Annapolis Md. Date 12/7, 1940

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED 1940 Harry Jos. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 40 to Dec 3rd 40

I last saw alive on Dec 3rd 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis with Acute Myocarditis

Date of onset Oct 1940

Other contributory causes of importance:

Was an operation performed? Years ago Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Turner M. D.

(Address) 522 N. Arlington Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7

VS 8

75183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 75183 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death, clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Rockeby St (If rural give location) 16-1
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Noah Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Workshop for blind

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill Ave

19 (a) DEC 7 - 1940 (Date rec'd by registrar) Huntington Willemse, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1940, at 1:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandegrift M.D. Medical Examiner.
Date signed 12/5/40

75184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 82 ✓ F 75184 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) #1771

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

Birth Cert #1771

3 (a) FULL NAME Norman Wilkins (James Brown)

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1940, at 7 P M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/3/40

8. AGE: Years	Months	Days	If less than one day
	1	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Brown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Irene Wilkins
15. Birthplace Balto Md

16 (a) Informant Irene Wilkins
(b) Address 1048 Argyle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 DEC 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Suffocation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/5/40
(c) Where did injury occur? 1048 Argyle Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Covered with bed clothes

23. Signature Wm. H. Vandersluis M.D. Medical Examiner.
Date signed 12/5/40

VS 6

Dr. Calar -

75185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75185

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 West Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 93 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town).
(d) Street No. 1904 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 1

3 (a) FULL NAME ANN REBECCA MEREDITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	WHITE	WIDOW

6 (b) Name of husband or wife DANIEL-REESE-MEREDITH
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JULY 12-1847

8. AGE: Years	Months	Days	If less than one day
93	4	24	hr. min.

9. Birthplace BALTIMORE - MD. (Town, county, and state)
10. Usual Occupation AT HOME
11. Industry or business

FATHER
12. Name WILLIAM HENRY SHERWOOD
13. Birthplace BALTIMORE. MD.

MOTHER
14. Maiden Name MARY RICHARDSON
15. Birthplace TALBOT COUNTY - MD.

16 (a) Informant Alexander M. Meredith
(b) Address 227 North Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave.

19 (a) DEC 7-1940 (Date rec'd by registrar) Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to Dec 6 1940, and that I last saw her alive on Dec 6 1940

Immediate cause of death
Chronic Myocarditis, Arteriosclerosis - Senility. — Duration 1 Yr 5 M.
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Calar M. D.
Address 4 N Fulton Date signed Dec 6/40

75186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 75186

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Riggs Av St. 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charley Sears

If U. S. Veteran specify WAR .....

(a) Residence: No. 1703 Riggs St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	ed	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) Jan 15 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dempsey Sears

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME V

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emily Bailey

(Address) 1703 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Aub Date 12/7 19 40

19. UNDERTAKER Geo. H. Kelson & Son

(Address) 1603 Pennsylvania Ave

DEC 7 - 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1940 to Dec 5 1940

I last saw h[illegible] alive on Dec 5 1940 Death is said to have occurred on the date stated above, at 6:45 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	June 1940
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Casey M. D.

(Address) 1703 Riggs St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a H 75187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 E. Balto st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 E. Baltimore st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry A. Price

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-07-6039

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Hallie Cox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1901

8. AGE: Years	Months	Days	If less than one day
39	3	11	hr. min.

9. Birthplace Wilmington Del (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business Bethlehem Steel Co

FATHER
12. Name William Price
13. Birthplace Del

MOTHER
14. Maiden Name
15. Birthplace Del

16 (a) Informant Wife Hallie Price
(b) Address 2826 E. Balto st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery Oak Lawn Md.
Location

18 (a) Funeral director Frank V. Lipsitone
(b) Address 2818 E. Baltimore st

DEC 7 1940 Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940 at 11:29 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to Dec 6 1940 and that I last saw h[illegible] alive on Dec 6 1940

Immediate cause of death	Duration
angina pectoris	3 days
Due to coronary heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G J Gould M. D.
Address 14 N. Eutaw Ave Date signed 12-7-40

PLEASE WRITE PLAINLY, with indelible pencil. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Jarrettsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Edwin Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of husband or wife Cornelia Beall

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 19 - 1872

8. AGE: Years	Months	Days	If less than one day
68	10	11 18	hr. min.

9. Birthplace Jarrettsville Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Anna Elizabeth Deale
13. Birthplace Federal Hill Harford Co Md

MOTHER
14. Maiden Name Benjamine E Mason
15. Birthplace Jarrettsville

16 (a) Informant Mrs Cornelia Mason
(b) Address Rocks Md R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1940 (month) (day) (year)

(c) Cemetery or crematory Jerusalem Location Cockeysville Md

18 (a) Funeral director E J Kurtz & Son
(b) Address Jarrettsville Md

19 (a) Received by registrar DEC 8 1940 (b) Huntingtown Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 7 - 1940, at 4:07 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 28 - 1940, to 12 - 7 1940, and that I last saw him alive on 12 - 7 1940.

Immediate cause of death Cerebral hemorrhage, acute hemiplegia — Duration 11 days

Due to Hypertension — 4 years

Due to

Other Conditions Bronchopneumonia — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilbur Martin M. D.
Address St Joseph Hosp Date signed 12/9/40
per D. E. Kurtz

F 75189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 75189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Grace Patterson.

3 (b) If veteran, name war: Mc
3 (c) Social Security Account No. Mc
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Geo Patterson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 22 1873
8. AGE: Years 67 Months 8 Days 15 If less than one day hr. min.
9. Birthplace 3/22/73 - Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business At home

FATHER
12. Name Gerard Glover
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Casandra Smithson
15. Birthplace Harford Co Md

16 (a) Informant Miss Bessie Glover
(b) Address Darlington Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location Harford Co Md

18 (a) Funeral director H. L. Bailey
(b) Address Darlington Md.

19 (a) DEC 8 — 1940 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1940, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1940 to 12/7 1940 and that I last saw her alive on 12/7 1940.

Immediate cause of death: Acute Cardiac dilatation — Duration 6 hrs
Due to: Hypertensive Cardio Vascular disease. — 2 yrs.
Due to:
Other Conditions: Heart Block-Complete ? Acute
Fractured Femur, Surg. neck.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Fall on floor

23. Signature Edward L. J. Krieg M.D. M. D.
Address Bon Secours Hosp Date signed 12/7/40

VS 8

38914 75190 F 75190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 124-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Seat Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 King ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertram Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 9-28-77

8. AGE: Years	Months	Days	If less than one day
63	2	8	hr. min.

9. Birthplace D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Franklin Stewart
13. Birthplace DC

MOTHER 14. Maiden Name Lillian Lavender
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-8-40 (month) (day) (year)
(c) Cemetery or crematory Washington, D.C.
Location Washington, D.C.

18 (a) Funeral director Stewart & Howard Co
(b) Address 102 W. North Avenue.

19 (a) DEC 8 1940 (b) Registrar Hunting & Nicholls, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940, to Dec 6 1940, and that I last saw h. i. alive on Dec 6 1940.

Immediate cause of death	Duration
Laënnec's cirrhosis of the liver	> 1 yr.
Due to	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy cirrhotic liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. McGehee Harvey M. D.
Address Date signed

F 75191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-C Registered No.

F 75191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1407 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jewell V Pease

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Otis K Pease

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1899

8. AGE: Years 41 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto Md

16 (a) Informant Mr Otis K Pease
(b) Address 1407 W. Fayette St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/9/1940. (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Rd.

18 (a) Funeral director John J Corpaw Son
(b) Address 901 Hollins St.

DEC 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 9 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral Embolism — Duration —
Due to Rheumatic Cardiac valvular disease
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Helfrick M.D. Medical Examiner
Date signed 12/6/40

VS 6

F 75192

CU K

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

Registered No. F 75192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore CSty Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Forte (Marie E.)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
89	2	?	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Tony Orlando (?)
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by local registrar) (b) [illegible] Williamsport MD

DEC 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7- 1940, at 5 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29- 1939 to 12-7- 1940 and that I last saw h[illegible] alive on 12-7- 1940.

Immediate cause of death	Duration
Bronchopneumonia	?
Carcinoma Bronchogenic	?
Due to Hypertension CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-7-40

59167-FD F 75193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B Registered No. F 75193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo23da
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME m John Lanahy

3 (b) If veteran, name war

3 (c) Social Security Account No. 0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-11-70

8. AGE: Years	Months	Days	If less than one day
70	9	25	hr. min.

9. Birthplace Ky. (Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER 12. Name Timothy

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Reynolds

15. Birthplace Ireland

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/9/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 DEC 8 - 1940 (Delivered by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1940, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1940, to 12/6 1940, and that I last saw h. alive on 12/6 1940.

Immediate cause of death Carcinoma of the prostate gland & metastases — Duration 2 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.

Address Baltimore City Hosp. Date signed 12/7/40

VS 8

F 75194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9310 F 75194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3555 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3555 Greenmount Ave 93
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Sutherland

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Albion Sutherland
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1851

8. AGE: Years	Months	Days	If less than one day
about 89			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James Mills
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Taylor
15. Birthplace Balto Md.

16 (a) Informant Mrs Brisel Rahe
(b) Address 3555 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Title rec'd) (b) Registrar

DEC 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1940, at 8:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1936 to Dec 6 1940, and that I last saw h[illegible] alive on Dec 6 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease with Heart Block	4 yrs
Due to Generalized Arteriosclerosis	2
Due to Essential Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Stuchal M. D.
Address 2302 Edmondson Ave Date signed 12/7/40

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 - E

F 75195

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) BIRTH

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 - E St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB KOONS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-07-6185

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband~~ or wife: Mary C. Koons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27th 1875

8. AGE: Years	Months	Days	If less than one day
65	8	8	hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Manager Meat Dept
11. Industry or business Grocery Stores Corp.

FATHER
12. Name Jacob Koons
13. Birthplace Md.

MOTHER
14. Maiden Name Phoebe Kaiser
15. Birthplace Md.

16 (a) Informant Mrs Mary Koons
(b) Address 517 E. St. Sparrows Point Md.

17 (a) Burial (b) Date thereof 12/9/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date received by Registrar) (b) Registrar

DEC 9 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1940, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fracture of 12th thoracic vertebrae. — Duration

Due to

Due to

Other Conditions multiple contusions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 4, 1940
(c) Where did injury occur? Dundalk (City or town) Baltimore (County) Maryland (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by auto

23. Signature H. W. Wallenmaier M.D.
Medical Examiner.

Date signed

F 75196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1559 Abbottston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1559 Abbottston
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

97

3 (a) FULL NAME Pius A. Wolf

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary A. Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11th 1861

8. AGE: Years	Months	Days	If less than one day
79	9	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name John P. Wolf
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A. Conroy
15. Birthplace Germany

16 (a) Informant Mary A. Wolf
(b) Address 1559 Abbottston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

DEC 8 - 1940
(Date rec'd by registrar)

(a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1940, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1930, to Dec 6 1940 and that I last saw him alive on Dec 6 1940

Immediate cause of death
Auriculoventricular Cardio
Due to Vascular Disease
Coronary Thrombosis
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
1930
12/6/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas W Edmonds M.D.
Address 2746 Alameda Date signed 12/9/40

VS 3

F 75197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-8 F 75197 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Hilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME A. Frank Pleagle

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 1161 HF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Emma K. Pleagle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1859

8. AGE: Years	Months	Days	If less than one day
81	10	19	hr. min.

9. Birthplace: Carroll Co. Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Farmer

FATHER
12. Name: Noah Pleagle
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Carroll Co. Md

16 (a) Informant: Harry R. West
(b) Address: 610 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's Lutheran
Location: Silver Run Md.

18 (a) Funeral director: William Cook
(b) Address: 627 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940, at 9 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939, to Dec 7 1940, and that I last saw him alive on Dec. 7 1940

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Myocardial Degeneration	
Due to Cardiac Decompensation	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md. Gen. Hosp Date signed 12/7/40

F 75198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 N Pulaski St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Rachel London

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Late Joel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Nacham Feldman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Spector
15. Birthplace Russia

16 (a) Informant Jack London
(b) Address 3220 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) DEC 9 - 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec, 7, 1940, at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1940 to Dec. 7 1940, and that I last saw h[illegible] alive on Dec. 7, 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Dec. 7, 1940

Due to: Generalized Arteriosclerosis — Duration: 7

Due to: Diabetes Mellitus — Duration: 1937

Other Conditions: Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? N D (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip F. Lerner M. D.
Address 2701 W. North Ave Date signed Dec. 7 1940

FURNISH FACTS, WITH UNFAILING ITEM. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 75199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 N. Gilmor
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Stone

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Cook
13. Birthplace Va.

MOTHER
14. Maiden Name Daisy Lake
15. Birthplace Mass

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-9-40 (month) (day) (year)
(c) Cemetery or crematory Newport News
Location Va.

18 (a) Funeral director Fleet & Nelson
(b) Address 1203 Pratt St.

DC 8 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 2.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940 to Dec 7 1940 and that I last saw h.. alive on Dec 7 1940.

Immediate cause of death	Duration
Acute Eclampsia	1 wk
Due to	
Pregnancy — 7 months	over
Other Conditions	6 mos
Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Bridgforth M.D.
Address Johns Hopkins Hosp Date signed 12-8-40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 75200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 S Lakewood Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65-8-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Delker

3 (b) If veteran, name war: na

3 (c) Social Security Account No. 215-05-5343

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Marie Laura Delker | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1875

8. AGE: Years 65 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Asst. Foreman

11. Industry or business Balto Dry Dock

FATHER 12. Name William A. Delker
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Laura V. Berry
15. Birthplace Baltimore Md

16 (a) Informant Mrs Lula Elizabeth Mackey
(b) Address 2931 Kirkside Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave & Rossville Blvd

18 (a) Funeral director Elmer W. Cockington Son
(b) Address 424 E. Eager St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7, 1940 at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1940 to 12/7 1940, and that I last saw h[illegible] alive on 12/7 1940.

Immediate cause of death Cyanosis
(a) Ly Pneu & metastases
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Flora M. D.
Address 325 S Ellwood Ave Date signed 12/8/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

Physicians: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 75201 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4802 Althea Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *******
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Althea Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Haupt

3 (b) If veteran, name war ------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John A. Haupt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1874

8. AGE: Years	Months	Days	If less than one day
66	3	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation ---
11. Industry or business ---

MOTHER / FATHER
12. Name John P. Keating
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Hammond
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Sadie M. Weggel
(b) Address 4804 Althea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

DEC 8 - 1940 (Date rec'd by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Dec. 6 1940, at 5.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940, to Dec 1940 and that I last saw h[illegible] alive on Dec 4 19[illegible]

Immediate cause of death Carcinoma of Rectum — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Davies, M. D.
Address 12-7-4 Date signed 12-7-40

VS 3

800 W 33rd St

F 75202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 S. CHARLES St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 S. CHARLES ST (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME ANNA CHEPLOWITZ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife MORRIS
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business

FATHER
12. Name DAVID
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ROSE
15. Birthplace RUSSIA

16 (a) Informant MORRIS CHEPLOWITZ
(b) Address 903 S. CHARLES St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-8-40 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location PHILA RD. + BOWLEYS LANE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto. St.

DEC 8 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH Dec. 7 1940, at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1939 to Dec 1940, and that I last saw h[illegible] alive on Dec 6 1940

Immediate cause of death Acute Coronary Thrombosis — Duration 2 Months
Due to Hypertension
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Lehmberg
Address 2301 Annapolis Rd Date signed 12/7/40 D.

Westport

F 75203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

F 75203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland
(c) Hospital or institution: West Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Ruth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Benjamin Silver.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-03-6989

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Silver

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Shoe Cord Worker

11. Industry or business

FATHER
12. Name Abraham Silver
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Serlin
15. Birthplace Russia

16 (a) Informant Edward Silver
(b) Address 2511 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-40 (month) (day) (year)
(c) Cemetery or crematory Franklin at Caroy
Location Rozedale

18 (a) Funeral director Jas. Louis Lee
(b) Address 1439 E. Balto St
Huntington Williams, M.D.

19 (a) (Date received by Registrar) Registrar

DEC 8 1940

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7-40 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18-1940 to 12-7-1940 and that I last saw him alive on 12-7-1940.

Immediate cause of death Respiratory failure

Due to Degeneration of cardiac respiratory center

Due to following surgical removal of astrocytoma of brain.

Other Conditions Uraemia.

(Include pregnancy within 3 months of death)

Major findings:
Of operation Astrocytoma of frontal lobes of brain.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.

Address 1426 Eutaw Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ F 75204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Forelandave (If rural give location) Morland
(e) If foreign born, how long in U. S. A.? 35 years

1503

3 (a) FULL NAME Mrs Celia Gordon

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~: David L. Gordon

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Simon Stair
13. Birthplace Russia

MOTHER
14. Maiden Name Neomia Stair
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Baltimore Co.

18 (a) Funeral director Hart Lewis Inc
(b) Address 1439 E. Balto St

19 (a) Date filed by registrar (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 2.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940 to Dec 7 1940 and that I last saw h er alive on Dec 7 1940.

Immediate cause of death: Bronchopneumonia — Duration: 1 Day

Due to

Due to

Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Leonard Willens M. D.
Address 10 Bezt St. Date signed Dec 7 40

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Social Security # 213120115.

75205 CGK

61449 # 75205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Oakhurst Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Simonson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1871

8. AGE: Years	Months	Days	If less than one day
68	11	20	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Balto.

MOTHER
14. Maiden Name Rose Martin
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Baltimore Md

18 (a) Funeral director E. J. Browning
(b) Address 2924 Edmondson Ave

19 (a) DEC 8 1940 (Registrar) (b) Henry L. Reyburn Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1940 to 12-6 1940, and that I last saw her alive on 12-5 1940.

Immediate cause of death
Annular fibrillation
Gangrene left leg
Due to Thrombosis (Emb.)

	Duration
(a)	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Reyburn M. D.
Address Balto. City Hosp. Date signed 12-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dolicz

75206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-2 E 75206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Bouldin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Bouldin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years years

3 (a) FULL NAME Catherine Dolick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John Dolicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1857

8. AGE: Years	Months	Days	If less than one day
83	↓		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Czarnecki
13. Birthplace Poland

MOTHER
14. Maiden Name Kunegunda Skaniecka
15. Birthplace Poland

16 (a) Informant Mrs Helen Borkleger
(b) Address 413 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart (Cem
Location Baltimore County

18 (a) Funeral director John M Welsz
(b) Address 404 S. Chester Street

19 (a) (Date received by Registrar) (b) Huntington, Md.

DEC 9 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1940 to Dec. 5 1940, and that I last saw him alive on Dec. 4 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
Due to	
Other Conditions General debility, Old age. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Joseph Tuohey M.D.
Address 4441 Old Frederick Rd Date signed Dec 6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-a

Registered No. E 75207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Wilcox St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Wilcox St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH WESS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bernard Wess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26, 1856

8. AGE: Years	Months	Days	If less than one day
83 yrs	11	10	hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Frank Graham
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Maryland

16 (a) Informant: Mrs. Helen Lowry
(b) Address: 1120 Wilcox St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Baltimore, Md.

18 (a) Funeral director: [illegible]
(b) Address: 1005 W. Baltimore St.

DEC 8 - 1940 (Date rec'd by registrar) (b) [illegible] Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to general	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-06

F 75208

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 W

3 (a) FULL NAME MARY A. FENWICK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John E. Fenwick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	7	hr. min.

9. Birthplace St. Mary's County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Moore
13. Birthplace St. Mary's Co., Maryland

MOTHER
14. Maiden Name Coombs
15. Birthplace Maryland

16 (a) Informant Mrs. Norwood M. Manger
(b) Address 1909 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

DEC 8 - 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to Dec 6 1940.
and that I last saw h alive on Dec 5 1940

Immediate cause of death
Coronary Occlusion
Cerebral Thrombosis
Due to Hypertension
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Several

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Reynolds M. D.
Address [illegible] Dated Dec 8 1940

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B F 75209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Chelsea Ter. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME MRS. Edna M. Jacobs

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Fred W. Jacobs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1894

8. AGE: Years 45 | Months 11 | Days 22 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business: Housewife

MOTHER / FATHER
12. Name T. Corsey
13. Birthplace Baltimore Md
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mr. Fred Jacobs
(b) Address 2904 Chelsea Ter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) Dec 8 1940 (b) Registrar Huntington Pitts

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1940. at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940. to Dec 7, 1940. and that I last saw h.C.R alive on Dec 7, 1940.

Immediate cause of death Uremia — Duration

Due to Hypertensive Hrt. dis.

Due to Arterial sclerosis, ?

Other Conditions Rt kidney removed Several yrs. ago.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Marked hypertension & gangrene of kidney, Rt.
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. T. Coffman M. D.
Address Md. General Hosp. Date signed 12/7/40

FORGING MAKES FELONY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 E. Preston
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) About 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E. Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

12 5

3 (a) FULL NAME Mary C. Warwick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William D. Warwick
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
About 74	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Joseph Hild
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary L. Kreis
15. Birthplace Maryland

16 (a) Informant Charles C. Warwick
(b) Address Elkridge, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

DEC 8 1940 (a) Date received (b) Registrar

for William M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, 2:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Dec 7 1940, and that I last saw h-- alive on Dec 6 1940

Immediate cause of death: Acute Congestive Heart Failure — Duration of Dec 6 to Dec 7 1940

Due to The Hypocondritis — Duration ?

Due to Generalized arteriosclerosis — Duration ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Freas M. D.
Address 10 E Preston Date signed 12/8/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75211

George W Vogt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 75211

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Gardiner & Oliver Sts

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County ——

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 204 W Lorraine ave (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Geo. W. Vogt

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth W. Vogt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14-1894

8. AGE: Years	Months	Days	If less than one day
46	5	22	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business Police Dept.

FATHER

12. Name Louis Vogt

13. Birthplace Balto Md

MOTHER

14. Maiden Name Anna Nagle.

15. Birthplace Balto. Md

16 (a) Informant Elizabeth W. Vogt

(b) Address 204 W Lorraine ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Parkville Md

18 (a) Funeral director George H. Zeimbach

(b) Address 525 N. Eutaw St

19 (a) DEC 8 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940 at 6 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1940 to 12-6 1940 and that I last saw h. alive on 12-6 1940

Immediate cause of death Hypostatic Pneumonia

Due to ——

Due to Carcinoma of Colon at Hepatic Flexure & Abd. Metastases

Other Conditions ——

(Include pregnancy within 3 months of death)

Major findings: Of operations Laparotomy & Prophylactic Caecostomy

Of autopsy ——

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ——

(b) Date of occurrence ——

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ——

(e) Means of injury ——

23. Signature Bernard J. Sebastian M. D.

Address St Joseph Hosp. Date signed 12-6-40

389216
F 75212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

* V F 75212

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Brookville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fitzhugh
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-27-68
8. AGE: Years 59 68 | Months 3 | Days 10 | If less than one day hr. min.
9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Fitzhugh
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Dr. E. Hooker
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12 10 40 (month) (day) (year)
(c) Cemetery or crematory Lutheran Legal
Location Catonsville Md
18 (a) Funeral director E. Mayo Hines
(b) Address Ellicott City Md
19 (a) (Date received by Registrar) (b) Registrar

DEC 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940 at 9:35 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1940 to Dec 7 1940. and that I last saw him alive on Dec 7 1940

Immediate cause of death: Carcinoma of Stomach with metastasis to the liver.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-7-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75213

389023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75213

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Clymer (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sam Bianco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fany
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 7-4-81

8. AGE: Years	Months	Days	If less than one day
59	5	4	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Theater Owner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-8-40 (month) (day) (year)
(c) Cemetery or crematory Clymer, Penna.
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E. Baltimore St.,

19 DEC 8-1940 (Date rec'd by registrar) (b) Huntingdon Williamsburg, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Dec. 8 1940, and that I last saw h[illegible]live on Dec. 8 1940.

Immediate cause of death	Duration
Post operative shock	
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Chronic infection left lung and sternum
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M.D.
Address Johns Hopkins Hospital Date signed 12-8-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

F 75214 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Taylor Grove St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Taylor Grove St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hall Linn

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Martha Dawson Linn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1878

8. AGE: Years 62 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Jr Nat Bank

FATHER
12. Name Joshua Scott Linn
13. Birthplace England

MOTHER
14. Maiden Name Lucretia Hall
15. Birthplace Baltimore Co Md

16 (a) Informant Gordon Hall Linn
(b) Address 2406 Montcastle Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilhoyte Co
(b) Address 1219 E Fayette St

DEC 9 1940 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1940, to Dec. 8 1940, and that I last saw him alive on Dec. 7 1940.

Immediate cause of death Dissecting Aneurysm of aorta — Duration 10 weeks

Due to Arterio sclerosis with cardiac failure — Duration Over many years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Tilden Howard, M. D.
Address 12 E Eager Street Date signed Dec 8, 40

F 75215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75215 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4904 Cordelia Ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4904 Cordelia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME ROBERT-WILEY-GALLAGHER (Robt-Wylie-Gallagher)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: ?

4. Sex: m | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-28-1871

8. AGE: Years 69 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation probably farmer

11. Industry or business -

FATHER 12. Name Albert Gallagher

13. Birthplace Maryland

MOTHER 14. Maiden Name Louisa Pitard

15. Birthplace Maryland

16 (a) Informant Mrs Mary L Wallace (Cousin)

(b) Address 2008-E-31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-10-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 106 E. NORTH AVENUE

19 (a) DEC 9 1940 (Date received by Registrar) (b) Huntingtown Williamsport Md. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.

Date signed 12-6-40

F 75216

3894&3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B F 75216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif (b) County Los Angeles
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Milan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Josephine Dayton Blair

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frederick H. Blair
6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.) 4-26-89

8. AGE: Years 61 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name George D Dayton
13. Birthplace N.Y.

MOTHER
14. Maiden Name Emma W Chadwick
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 9/40 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Maryland

18 (a) Funeral director Stewart Memorial Company
(b) Address 158-W North Ave

DEC 9 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1940, to Dec 8 1940, and that I last saw her alive on Dec 8 1940.

	Duration
Immediate cause of death: Uremia	10 days
Due to: Urinary suppression	10 days
Due to: Nephrosis	
Other Conditions: Enterocolitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hemorrhagic cystitis Nephrosis
Of autopsy: Enterocolitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hospital Date signed Dec 9 1940

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75217

F 75217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 E Biddle St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore
(c) City or town 413-E-Biddle St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413-E-Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Irene Smith Shank

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Galen L. Shank

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21 1875

8. AGE: Years 65 | Months 8 | Days 16 | If less than one day — hr. — min.

9. Birthplace Hagerstown (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER — 12. Name John Davis
13. Birthplace Md.

MOTHER — 14. Maiden Name Annie Houst
15. Birthplace Md.

16 (a) Informant Mr. Ha Brull (son-in-law)
(b) Address 413 E Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-10-40 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Hamilton, Balto.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) DEC 9 — 1940 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940 at 4:45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1940 to Dec 7 1940 and that I last saw him alive on Dec 6 1940

Immediate cause of death
Due to Meta Static Carcinoma of liver with ascites
Due to Adeno-Carcinoma of Common Bile Duct
Due to

Duration
2 Mos
Sept 17 1940

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Carcinoma of common bile duct
Of operation Dec 7 1940
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Grayley M. D.
Address 10 E Biddle St Date signed 12/8/40

VS 8

The certificate, with one copy, must be filed within 24 hours. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 75218

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County a.a
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. Sixth ave. (north) (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Pete W. Muller

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Muller (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 10, 1895

8. AGE: Years 45 | Months 8 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Boat Builder

11. Industry or business Coast Guard

FATHER 12. Name Anton Muller

FATHER 13. Birthplace austria

MOTHER 14. Maiden Name Madeline Kasnel

MOTHER 15. Birthplace austria

16 (a) Informant Mrs Elizabeth Muller

(b) Address Sixth ave Glen Burnie

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9. 1940 (month) (day) (year)

(c) Cemetery or crematory Holy cross. a.a.

Location Brooklyn g.g. md.

18 (a) Funeral director Margaret J. Flynn

(b) Address 1422 Light St.

19 DEC 9 — 1940 (Date rec'd by Registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7 1940, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940 to 12-7 1940 and that I last saw h[illegible] alive on 12-7 1940.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Internal Hernia (Post Duodenal)	
Due to	
Other Conditions Lobar pneumonia Chr. Recurr. Appendicitis (Include pregnancy within 3 months of death)	

Major findings: Of operations Constriction of ileum beneath mesenteric band of duodenum

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Zalis M. D.

Address Franklin Square Hosp. Date signed 12-7-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 75219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75219 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRIETTA SAMUELS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany. 1871.

8. AGE: Years	Months	Days	If less than one day
69	11		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Samuels,
13. Birthplace Germany.

MOTHER
14. Maiden Name Sarah ----------
15. Birthplace Germany.

16 (a) Informant Miss. Sussman,
(b) Address 2018 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.10.40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 DEC 9 - 1940 (b) [illegible]
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8th. 1940. at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940. to Dec 8 1940. and that I last saw h[illegible] alive on Dec. 8 1940.

Immediate cause of death
Influenza. Epidemic — Duration 5 days
Due to
Due to
Other Conditions Hypertensive Cardio-vascular disease — Duration Several Years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I W Keown M.D.
Address 1938 Linden Ave. Date signed 12/8/40

F 75220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1570 F 75220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 W. NORTH AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 W NORTH AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 W

3 (a) FULL NAME ANITA BARBARA KUTLIK.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	CHILD.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 11 1940

8. AGE: Years	Months	Days	If less than one day
3 WEEKS		27	hr. min.

9. Birthplace BALTO MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name CHAS KUTLICK

13. Birthplace BALTO MD

MOTHER 14. Maiden Name FRANICS HOOD.

15. Birthplace BALTO MD

16 (a) Informant CHAS KUTLICK.

(b) Address 2028 W NORTH AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-40 (month) (day) (year)

(c) Cemetery or crematory Moreland

Location

18 (a) Funeral director Leonard J. Peck.

(b) Address 5305 Harford Road.

19 (a) DEC 9 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 6 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1940 to DEC 7 1940 and that I last saw h[illegible] alive on DEC 7 1940.

Immediate cause of death: Asphyxiation and Pulmonary Atelectasis

Due to: Failure of Soft and Hard Palate to Function

Due to: Drug Overdose

Other Conditions: Cleft Palate Both Hard & Soft

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Still Born

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles S. Clark M. D.

Address 3244 Eastern Ave Date signed 12-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 75221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1301 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widqwed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife James Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1870

8. AGE: Years	Months	Days	If less than one day
70.	7	17	hr. min.

9. Birthplace Bedford Virginia (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Victoria Lynch
15. Birthplace Unknown

16 (a) Informant Erma Smith
(b) Address 1301 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 112 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7/1940, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1940. to 12/7 1940. and that I last saw her alive on 12/6 1940.

Immediate cause of death	Duration
Chronic Cardio Vascular Renal Disease	1 year
Due to Bronchio pneumonia terminal	1 day.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jameson M.D.
Address 611 N. Arlington Ave. Date signed 12/8/40

Correct Age especially important. Physicians: please write the causes of death clearly and legibly.

75222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75222 Registered No. 94-4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Augusta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Augusta St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Gwynn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, (married,) widowed, or divorced. Separated

6 (b) Name of husband or wife Emanuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1887

8. AGE: Years 53 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Frederick Co, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Dorsey

15. Birthplace Unknown

16 (a) Informant Walter Gwynn

(b) Address 819 Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cemetery

Location A.A. County Md

18 (a) Funeral director Mrs. R.G. Elliott Daughter

(b) Address 1129 N. Caroline St. Baltimore, Md

19 (a) DEC 9-1940 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940 at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ? find that said deceased came
(Autopsy or Inquiry)
to ... death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wade Groft M.D.
Medical Examiner.
Date signed 12/8/40

correct age is especially important. Physicians: please write the

F 75223

61624 OF

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D F 75223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ? 25 + Est

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Hunter Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-9275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/02

8. AGE: Years	Months	Days	If less than one day
38	9	4	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer on coal truck

11. Industry or business

FATHER
12. Name ? Albert Johnson
13. Birthplace Va

MOTHER
14. Maiden Name ? Florence Johnson
15. Birthplace Va

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Raynor Sanders
(b) Address 1413 E. Preston St

19 (a) (Signature) (b) (Address)

DEC 9 1940 Hunting to Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1940, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5- 1940, to 12-6- 1940 and that I last saw him alive on 12-6- 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	7
Due to Hypertensive CVD	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 12-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. F 75224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W Barre St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-1

3 (a) FULL NAME HARRY N. SCHUBERT

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	Married

6 (b) Name of husband or wife: Mabel E. Schubert
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1892.

8. AGE: Years	Months	Days	If less than one day
48	11	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Piano tuner
11. Industry or business for self

FATHER
12. Name Frederick Schubert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Albright
15. Birthplace Baltimore Md

16 (a) Informant Mabel E. Schubert
(b) Address 815 W Barre St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wm. Cook
(b) Address 1214 E Monument St

19 (Date rec'd by registrar) (b) Huntington Williams, Mgr. Funeral Director

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1940, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of esophagus (thoracic)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-9-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 75225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME CHARLES TOPAL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Married

6 (b) Name of husband or wife Pauline Topal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1889

8. AGE: Years	Months	Days	If less than one day
51	9	24	hr. min.

9. Birthplace Turkey (Town, county, and state)
10. Usual Occupation Fashion Store
11. Industry or business

FATHER
12. Name George Topal
13. Birthplace Turkey

MOTHER
14. Maiden Name Unknown
15. Birthplace Turkey

16 (a) Informant Geo Topal
(b) Address 4104 Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Thomas Reyer
(b) Address Westminster Md

19 (Date rec'd by registrar) 12-9-1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-6-40

VS 6

correct as is especially important. Physicians: please write the causes of death clearly and legibly.

F 75226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12/31-a F 75226

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2422½ Penna. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2422½ Penna. Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie Merrieweather

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col.	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-1864

8. AGE: Years	Months	Days	If less than one day
76	10	26	hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Miller
13. Birthplace ?

MOTHER
14. Maiden Name Alice ?
15. Birthplace Richmond, Va.

16 (a) Informant Ravine Simmons Gray (GD)
(b) Address 2422½ Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore, Md.

18 (a) Funeral director Charles H. Cooper
(b) Address 514 N. Calhoun St.

19 (a) 1940 (Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-1940, to 12-6-1940, and that I last saw h[illegible] alive on 12-6-1940.

Immediate cause of death	Duration
Cardio-Renal-Vascular Disease	6 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George C. Page, M.D.
Address 1516 N. Monroe St. Date signed 12-9-40

VS 3

F 75227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 aF 75227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALEXANDER MERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-7699

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Mot. Known
13. Birthplace Mot. Known

MOTHER
14. Maiden Name Mot. Known
15. Birthplace Mot. Known

16 (a) Informant Major. Mieczkowsky
(b) Address 412 S. Bond St

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory Loose Mount - May
Location Lake Co

18 (a) Funeral director William Piaskowsky
(b) Address 1618 Eastern Ave.

DEC 9 - 1940 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1940, at 3:55 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Carcinoma of esophagus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of esophagus
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.

Date signed 12-6-40

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 75228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 S. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PASQUALE CONIFO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	widow

6 (b) Name of husband or wife Ethel Conifo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14. 1877

8. AGE: Years	Months	Days	If less than one day
63	9 10	2 3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Removed from Balto City,

FATHER
12. Name Joseph Conifo
13. Birthplace Italy

MOTHER
14. Maiden Name Mulgrano
15. Birthplace Italy

16 (a) Informant Frank Mirano
(b) Address 1004 Eaton St

17 (a) Nov. 10 1940 (Burial, cremation, or removal) (b) Date thereof 12/10/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Rendell & Hippel
(b) Address 312 S. Highland Ave

19 (a) DEC 9 1940 (Date received by Registrar) (b) Hamilton for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 19 40 at 6 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D.
Asst Medical Examiner.
Date signed 12-7-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75229

COK

15630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-6 E 25229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1930

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Cairo St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Brown Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-1865

8. AGE: Years	Months	Days	If less than one day
75 70	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va.

MOTHER
14. Maiden Name Mary
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 12/10
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Aub
Location

18 (a) Funeral director Wes. H. Koban
(b) Address 1303 Pleasant

19 (a) 12-9-40 (b) Huntington Wilkins, M.D.
(Date rec'd by registrar)

DEC 9

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1940, at 10 P. M. 45

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16-1935 to 12-6-1940 and that I last saw h[illegible] alive on 12-6-1940.

Immediate cause of death Bronchopneumonia

Due to Syphilitic Hrt. Dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy [illegible]

Duration
7
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto. City Hosp. Date signed 12-9-40 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-a Registered No. 5230

correct as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1713 Woodyear St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Woodyear St
(If rural give location) Place
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race ed | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/40

8. AGE: Years | Months 3 4 | Days 4 | If less than one day hr min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Leon Collins
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary —
15. Birthplace Va

16 (a) Informant Leon Collins
(b) Address 1713 Woodyear Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)

(c) Cemetery or crematory Mt Aub
Location

18 (a) Funeral director Wes. H. Nelson
(b) Address 1303 Presstman St.

19 (a) 1940 (Registered by registrar) (b) Huntington Williams Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 6 1940, at 9:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Miliary tuberculosis — Duration 2 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G. Kelsch M.D. Medical Examiner.

Date signed 12/9/40

F 75231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 75231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 366 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geneva Colbert (50815)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1912

8. AGE: Years	Months	Days	If less than one day
28	3	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H.W. & Domestic
11. Industry or business

FATHER
12. Name Emanuel White
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie Blaine
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory South Boston
Location Virginia

18 (a) Funeral director A. Adolphus Halstead
(b) Address 91 Irving Hill ave Huntington Station, N.Y.

DEC 9 - 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1940, at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1939 to Dec. 7, 1940, and that I last saw h ~~er~~ alive on Dec. 7, 1940

Immediate cause of death: Tuberculosis of Lungs — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hebstein M. D.
Address Balto. City Hospitals Date signed 12-9-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75232 F 75232

BALTIMORE CITY HEALTH DEPARTMENT 48-B Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 McCulloh Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30, 1940

8. AGE: Years	Months	Days	If less than one day: hr.	min.
40	5	15	6	15

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Sandy Alexander
13. Birthplace Virginia

MOTHER
14. Maiden Name Amanda Evans
15. Birthplace Alabama

16 (a) Informant Patient
(b) Address 2008 McCulloh Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-9-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Douglas Halstead
(b) Address 918 Druid Hill Ave.

19 (a) DEC 9 1940 (Date received by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1940, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1940, to 11/30 1940 and that I last saw h[er] alive on 11/29 1940.

Immediate cause of death	Duration
Adenocarcinoma of the body of the uterus & metastases	14 yr. +
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehret Jr.
Address Baltimore City Hosp. Date signed 12/2/40

75233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75233

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 W. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 W. Caroline St. (If rural give location)
(e) If foreign born, how long in U.S.A.? years

3 (a) FULL NAME Mack W. Veney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Florence Veney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: Approx 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Griffin Veney

13. Birthplace Va.

MOTHER 14. Maiden Name Lucy —

15. Birthplace Va.

16 (a) Informant Ida Veney (Daughter)

(b) Address 807 W. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 W. Caroline St.

19 (a) 12 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

DEC 9

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1940 at 4:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1940 to 12/6 1940 and that I last saw h[illegible] alive on 12/6 1940

Immediate cause of death

Hypertensive cardio-vascular disease — Duration: not known

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison St Date signed 12/7/40

VS 3

Rayner Browne

F 75234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 75234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Sylvan Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Sylvan Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hermine Berger

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Berger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1855

8. AGE: Years	Months	Days	If less than one day
85	-	27	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Trenck
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Charles Berger
(b) Address 2905 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Irvington

18 (a) Funeral director C. Raymond Kaufman
(b) Address 927 Leydal Ave.

19 (a) DEC 9 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1940 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27, 1940, to Dec. 7, 1940, and that I last saw her alive on Dec. 7, 1940

Immediate cause of death	Duration
Coronary Thrombosis	10 days
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Siegmund M. D.
Address 1613 E. North Ave Date signed 12-9-40

VS 8

60091 of 25235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. E 25235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Hartford Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Hezekiah Brown

3 (b) If veteran, name war

3 (c) Social Security Account No 212-18-3771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/22/1885

8. AGE: Years	Months	Days	If less than one day
55	7	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Major Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Melinda Allen
15. Birthplace Virginia

16 (a) Informant daughter Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.
18 (a) Funeral director Robert E. Williams
(b) Address 1515 McCulloh St
19 (a) 19 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14-1940 to 12-6-1940 and that I last saw h[illegible] alive on 12-6-1940.

Immediate cause of death	Duration
Cardiac Failure	
Due to Myocardial infarction	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Myocardial infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hale Jr. M. D.
Address Balto City Hosp. Date signed 12-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-6 F 75236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY ALEXANDER

3 (b) If veteran, name war

3 (c) Social Security Account No. 7m

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Divorced.

6 (b) Name of husband or wife Lydia Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward D. Alexander
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret A. Brightful.
15. Birthplace Maryland

16 (a) Informant Mrs. Bertha M. Powers
(b) Address 2221 W. Lexington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 9 40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Ave

18 (a) Funeral director Chas. H. Eddleman
(b) Address 2615-17 Edmondson Ave

19 (a) DEC 9 - 1940 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 12 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of Larynx. (a) — Duration

Due to (b) —

Due to (c) —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of larynx
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-6-40

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75237

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 Walbrook ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and name town)
(d) Street No. 1805 Walbrook ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mary A. Barnes
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Patrick
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 25. 1863

8. AGE: Years	Months	Days	If less than one day
77	—	12	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Terrence Boylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Burke
15. Birthplace Ireland

16 (a) Informant Mrs. Frank Fahnguiere
(b) Address 579 N Longdon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 (a) Dec 10 1940 (Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7/40 19 at 9-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 19 40 to Dec 7/40 19 ; and that I last saw her alive on Dec 6/40 19

Immediate cause of death
Cerebral Embolism
Due to Chronic Endocarditis
Due to Arteriosclerosis
Due to (Senility)

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos C Stanek M.D.
Address 579 N Longdon Date signed 12/9/40

Duration: Yrs. Mos. Ds.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Please write the causes of death clearly and legibly. 10-1-11

Dr Judd 75238
735 N Fulton

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75238
94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Lyndhurst st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Lyndhurst st (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Wilbur J Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jamie Thomas

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 7 1857

8. AGE: Years 83 | Months 8 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Beals Co Md (Town, county, and state)

10. Usual Occupation None

11. Industry or Business

FATHER 12. Name Wm S Thomas
13. Birthplace Md

MOTHER 14. Maiden name Amelia Masters
15. Birthplace Md

16 (a) Informant Fred J Webster
(b) Address Beals Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory Beals Co Md
Location Beals Co Md

18 (a) Funeral director Bryan & Fry Co
(b) Address Fulton Ave & Fry Ave

19 (a) ..... (Date received by Registrar) (b) Huntington Lindenwald, M.D. Registrar

DEC 9 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1940 to Dec 7 1940 and that I last saw h alive on Dec. 7 1940.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to Arterio-sclerosis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry L Todd M.D
Address 735 N. Fulton Ave Date signed 12-9-1940

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 75239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Poplar Lin
(c) Hospital or institution: Bon Secours Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Md
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701
(If rural give location)
(e) If foreign born, how long in U. S. A.? 9 years

3 (a) FULL NAME Helen McCarley Dumler

3 (b) If veteran, name war N/G
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm J Dumler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 1899

8. AGE: Years 41 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jehu McCarley
13. Birthplace Balto Md

MOTHER
14. Maiden Name Ella Shuppard
15. Birthplace Balto Md

16 (a) Informant Wm J Dumler
(b) Address Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Catonsville

DEC 9 1940 (Date received by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1940, at 4:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1940 to 12/7 1940, and that I last saw her alive on 12/7 1940. 5 days

Immediate cause of death: Lung abscess, left

Due to: Infected mural thrombi of endocardium Lt & Rt Ventricles

Due to:

Other Conditions: Hypertensive Cardio Vascular Renal Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Infected mural thrombi of endocardium Lt & Rt Ventricles

Duration: 24 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Edward L. J. Kirby M.D.
Address Bon Secours Hosp Date signed 12/7/40

VS 3

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

75240

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 61447

Registered No. E 75240

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1029 Peach St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

23 col

3 (a) FULL NAME Joseph Yancey

3 (b) If veteran, name war

3 (c) Social Security Account No. ? Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	14	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Nolen Yancey

13. Birthplace Va.

MOTHER 14. Maiden Name Eliza. ?

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Md

18 (a) Funeral director Harold L Crowder

(b) Address 1021 Montgomery St

19 (a) DEC 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5-1940 at 4 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-1940, to 12-5-1940 and that I last saw h[illegible] alive on 12-5-1940.

Immediate cause of death	Duration
Bronchopneumonia	5
Due to Pellagra	? over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 12-6-40

VS 8

75241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. E 75241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Bruce Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
John Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-8995

4. Sex: M.

5. Color or race: C.

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1940

8. AGE: Years 64 | Months 9 | Days 16 | If less than one day hr. 2 min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Claybon Holmes
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Marie Towns
15. Birthplace: Virginia

16 (a) Informant: Patient
(b) Address: 1402 Bruce Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: UNIVERSITY MEDICAL SCHOOL DEC 9 1940

18 (a) Funeral director: Commissioner of Health
(b) Address: Per N. A. Moore

19 (a) DEC 9 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6103

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1/40 1940 at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1940 to 12/1/ 1940, and that I last saw h[im] alive on 11/30 1940.

Immediate cause of death	Duration
Uremia	1½ wks
Due to Acute urinary retention	2 wks
Due to Carcinoma of the prostate gland	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr.
Address Baltimore City Hosp. Date signed 12/2/40 (M. D.)

75242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. E 75242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9yrs. 10mo.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

John Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1863

8. AGE: Years	Months	Days	If less than one day
77	8	25	hr. min.

9. Birthplace Richmond Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Bessie
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 9 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) DEC 9 1940 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1940, at 5 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3 1940 to 12-4 1940, and that I last saw him alive on 12-4 1940.

Immediate cause of death	Duration
Arterio sclerotic Cardio-vascular disease & failure	(a)
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address Balto City Hosp Date signed 12 6, 40

6101

VS 3

F 75243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-E Registered No. E 75243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bonam

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1885

8. AGE: Years	Months	Days	If less than one day
55	9	5	hr. min.

9. Birthplace Flordia
(Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Edon [illegible] Bonam
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma ?
15. Birthplace Virginia

16 (a) Informant Patient
(b) Address 722 Pennsylvania Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC. 9 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) DEC 9 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

6102

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-1940 at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24-1940 to 12-3-1940 and that I last saw h[illegible] alive on 12-3-1940.

Immediate cause of death	Duration
Cardiac Failure	?
Due to Syphilitic Ht. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] City Hosp. Date signed 12-4-40 M.D.

75244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

75-B ✓ F 75244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 N Caroline St.
(c) Hospital or institution: - - - - - - - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days) ####
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Caroline Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Sarah Grey Brown.

3 (b) If veteran, name war - - - - - - -

3 (c) Social Security Account No. - - - - - - - - - - -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife G. Dell Brown.
6 (c) If alive, give age - - - years

7. Birth date of deceased (mo., day, yr.) March 26, 1869.

8. AGE: Years	Months	Days	If less than one day
71	8	11	- - - - hr. - - - - - - min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business ~~Retired Clerk~~

FATHER
12. Name John H Clark
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Grey
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Ida Nellert. (Sister)
(b) Address 1821 N Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore

18 (a) Funeral director George J Ruth Inc.
(b) Address 1735 Harford Ave.

19 DEC 9 1940 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 10 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 19 ... to Dec 7 1940 and that I last saw h e alive on Dec 7 1940.

Immediate cause of death Cardiac exhaustion — Duration 1 da

Due to Bantis disease — 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Sanderson
Address 1710 N Carolin Date signed 12/9/40

VS 2

F 75245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 75245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME F. Charles Franz

3 (b) If veteran, name war

3 (c) Social Security Account No. No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Married.

6 (b) Name of husband or wife Alice Franz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1890

8. AGE: Years	Months	Days	If less than one day
50	11	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Meat Store

FATHER
12. Name John B Franz
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Anna Wagner
15. Birthplace Balto Md.

16 (a) Informant Alice Franz
(b) Address 1920 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director George M. Fink & Son
(b) Address 811 N. Wolfe St

DEC 9 – 1940

(a) Date rec'd by Registrar (b) Registered by

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1940, at 11 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1940, to 12-8 1940, and that I last saw h[illegible] alive on Dec 12-8 1940.

Immediate cause of death Myocardial infarction 24hr
Due to Hypertensive Cardio Vas. Dis
Due to
Other Conditions Chr. Nephritis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J Satosky
Address 21 Yo Hosp Date signed 12-8-40
per J.R. Schmidt M.D.

– 8 –

75246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. F 75246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Back River Neck Road & Cape May Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs. Anna Goertz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 21, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	14T	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

PARENTS

FATHER — 12. Name Frank Heinbuch
13. Birthplace Germany

MOTHER — 14. Maiden Name Elizabeth Heinbuch
15. Birthplace Germany

16 (a) Informant Daughter - Mrs. Marie Roof
(b) Address Back River Neck Road & Cape May Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location O'Donnell St.

18 (a) Funeral director Albert L. Hilt Jr.
(b) Address 600 N. Charles St.

19 (a) DEC 9 - 1940 (Date rec'd by registrar) (b) Huntington Wilkerson, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1940, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1940, to Dec. 8 1940, and that I last saw her alive on Dec. 8 1940

Immediate cause of death	Duration
Carcinoma of Uterus - metastases.	?
Due to	
Due to	
Other Conditions Myomata Uteri Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	10 years

Major findings:
Of operation D + C - revealed a senile endometritis
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul J. Kaminski M.D.
Address Church Home + Infirmary Date signed 12/8/40

VS 3

75247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓ F 75247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4124 WALRAD ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4124 WALRAD ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME NELLIE A. QUINN.

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife WILLIAM F. QUINN.

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) April 16, 1882

8. AGE: Years 58 | Months 7 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace England. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER 12. Name Patrick Meehan

13. Birthplace Ireland.

MOTHER 14. Maiden Name unknown.

15. Birthplace Ireland.

16 (a) Informant Mr Charles L. Quinn.

(b) Address 4124 Walrad Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/10/1940 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL

Location BALTIMORE CITY

18 (a) Funeral director C. Vernon Lemmon

(b) Address 4611 PARK HEIGHTS

DEC 9 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 6 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to Dec 6 1940, and that I last saw her alive on Dec 5 1940.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Secondary Anaemia	
Due to Carcinoma (Metastatic	
Other Conditions Carcinoma of Stomach (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Stomach
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Huntington Williams M.D.
Address 4710 Liberty Hts Date signed 12/9/40

F 75248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 75248
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Stemmers Run
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Curtis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-40

8. AGE: Years	Months	Days	If less than one day
			11 hr. min.

9. Birthplace Stemmers Run, Balto County
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry A. Curtis
13. Birthplace New Jersey

MOTHER
14. Maiden Name Virginia Jarrell
15. Birthplace South Carolina

16 (a) Informant Father
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Location

UNIVERSITY MEDICAL SCHOOL DEC 9 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 DEC 9 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1940, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940, to 12-6 1940, 6:30 and that I last saw him alive on 12-6 1940.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townshend Jr. M. D.
Address University Hospital Date signed 12-6-40

VS 3

6108

75249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

477 Registered No. F 75249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland. 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m04da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) 502 Laurens Street (If outside city or town limits, write RURAL and give town)
(d) Baltimore, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Washington ANTHONY

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine Chesley
6 (c) If alive, give age: 63 years
7. Birth date of deceased (mo., day, yr.): Aug. 29, 1876
8. AGE: Years 64 | Months 3 | Days 8 | If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Embalmer
11. Industry or business

FATHER
12. Name: Levin Anthony
13. Birthplace: Cambridge, Maryland.

MOTHER
14. Maiden Name: Elizabeth Johns
15. Birthplace: Easton, Maryland.

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 12/11/40
(c) Cemetery or crematory: U.S. National
Location: Frederick, Md.

18 (a) Funeral director: J. P. Libercy
(b) Address: 5 [illegible] Baker St.

19 DEC 9 - 1940 (Date received by registrar) (b) Huntington Hill, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1940, at 9:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3, 1940, to Dec. 7, 1940, and that I last saw him alive on Dec. 7, 1940.

Immediate cause of death: Carcinoma of right lung with metastasis — Duration: Unknown
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings: Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. B. H. [illegible] M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland Date signed: Dec. 9, 40

VS 3

75250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. E 75250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 Woodlawn Rd
(c) Hospital or institution:
Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Woodlawn Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Veale ~~Laura E. Veale~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	m.

6 (b) Name of husband or wife mr. Sidney Veale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1898

8. AGE: Years	Months	Days	If less than one day
42	2	23	hr. min.

9. Birthplace Montana (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name mr Iver Wulff
13. Birthplace Norway

MOTHER
14. Maiden Name Eugenia Johnson
15. Birthplace Norway

16 (a) Informant Sidney Veale
(b) Address 307 Woodlawn Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Staffler Inc.
(b) Address 125 E. North Ave.

DEC 9 1940 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1940 to Dec 7 1940 and that I last saw h e 7 alive on Dec. 7 1940

Immediate cause of death	Duration
Edema of the lungs	
Due to Cardiac Failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand E. Chatard M.D.
Address [redacted] Union MEMORIAL HOSP. Date signed 12-7-40

VS 8

75251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-a

Registered No. E 75251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Calvert apt. - 25th and Calvert Sts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Tilghman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 27 - 1851

8. AGE: Years	Months	Days	If less than one day
89	5	11/12	hr. min.

9. Birthplace Maryland (Town, County, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William T. Tilghman
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Tilghman
15. Birthplace Maryland

16 (a) Informant Union Memorial Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory St. Luke's Church
Location Wye Mills, Talbott Co., Md.

18 (a) Funeral director E. Leroy Staffler, Inc.
(b) Address 125 E. North Ave. Huntington Williams, M.D.

19 (a) DEC 9 - 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 8 - 1940, at 11:57 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Hypostatic Congestion	
Due to Fractured Pelvis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 12/4/40
(c) Where did injury occur? Calvert apt. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify) While at work? no
(e) Means of injury Fell down front steps

23. Signature Howard J. Howerton M.D. Medical Examiner.
Date signed 12-9-40

VS 6

Physicians: please write the causes of death clearly and legibly.

75252 ✓ F 75252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 Monastary ave
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Monastary Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? U.S. years

3 (a) FULL NAME Author Monkhouse

3 (b) If veteran, name war Civil War | 3 (c) Social Security Account No. 085-07-0511

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Orlando Monkhouse
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 15, 1891

8. AGE: Years 49 | Months 6 | Days 14 | If less than one day hr. min. ✓

9. Birthplace Philadelphia, Penna. (Town, county, and state)
10. Usual Occupation Freight Trainman
11. Industry or business Transportation

FATHER
12. Name Samuel Monkhouse
13. Birthplace England.

MOTHER
14. Maiden Name Anna L. Taylor
15. Birthplace Maryland

16 (a) Informant Orlando Monkhouse
(b) Address Ocean City Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1940 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cemetery
Location Berlin, Md.

18 (a) Funeral director H. Kelly Mears & Co.
(b) Address Salisbury, Md.

19 (a) 19 (Signature of registrar) Huntington Williams, M.D.
(b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938, to Dec 9 1940.
and that I last saw h alive on 12/7 1940.

Immediate cause of death
Coronary Thrombosis — Duration 1 day
Coronary Sclerosis — Duration 2 years
Due to
Due to
Other Conditions Hypertension — Duration 5 Years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Douglas M. D.
Address 413 Frederick St. Date signed 12/9/40

VS 3

75253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 75253 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Little Sisters of the Poor Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Harwood

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Frances Miller Harwood

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1856

8. AGE: Years	Months	Days	If less than one day
84	1	14	hr. min.

9. Birthplace Prince George Co (Town, county and state)

10. Usual Occupation — (Formerly Laborer)

11. Industry or business —

FATHER 12. Name Richard Harwood

13. Birthplace ?

MOTHER 14. Maiden Name Elizabeth Mayo

15. Birthplace ?

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Windefeld

(b) Address 914 Greenmount Ave

19 (a) Date rec'd by registrar Dec 10 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 4 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Septicemia, St. Pneumococcus Infection pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, Accident
(b) Date of occurrence 11/9/40
(c) Where did injury occur? Little Sisters of the Poor Valley Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell to floor

23. Signature H. Williams M.D. Medical Examiner.

Date signed 12/9/40

Correct spelling is especially important. Physicians: please write the causes of death clearly and legibly. The

75254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4043 Frederick Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2058 4043 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN L. KLEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katharine E.
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1853

8. AGE: Years	Months	Days	If less than one day
87	2	20	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Barber Retired
11. Industry or business Own Shop

FATHER
12. Name John L. Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Lillian E. Klein
(b) Address 4043 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director J. Bickhardt & Son
(b) Address 1324 Eastern Place

19 DEC 9 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION P.

20. DATE OF DEATH December 6 1940, at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1938 to 12-6 1940. and that I last saw him alive on 12-5 1940.

Immediate cause of death Chronic Nephritis
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alpha H. Brantley M. D.
Address Frederick Ave. Date signed 12/ /40

75255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Darlington
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Sparks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 3 | Days | If less than one day: hr. min.

9. Birthplace: Harford Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Willie Sparks
13. Birthplace: N. C

MOTHER
14. Maiden Name: Birthie Cochran
15. Birthplace: N. C

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 11-1940 (month) (day) (year)
(c) Cemetery or crematory: Shannon
Location: Shannon Harford Co Md

18 (a) Funeral director: Dean & Jones
(b) Address: Bel Air Md

19 DEC 9 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at 7 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940, to Dec 9 1940, and that I last saw h[illegible] alive on Dec 9 1940.

Immediate cause of death: Bronchopneumonia — Duration: 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Ethel Hatker M.D.
Address: Baltimore Date signed: 12/9/40

VS 8

75256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 75256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Takoma Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 6915 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl D. Pattie

3 (b) If veteran, name war —

3 (c) Social Security Account No. 578-16-3683

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married - separated

6 (b) Name of husband or wife Leanor Conatello

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1917

8. AGE: Years	Months	Days	If less than one day
23	2	28	hr. min.

9. Birthplace Ashton, Md (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Cesar Pattie
13. Birthplace Sandy Spring Md

MOTHER
14. Maiden Name Lillian Barger
15. Birthplace Buena Vista, Va.

16 (a) Informant John A Farmer
(b) Address 1220 Eye St N.W. D.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Will call
Location

18 (a) Funeral director Martin H. Kyong Co
(b) Address 1300 N St. N.W. Washington D.C.

19 (a) DEC 9 - 1940 (Date filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8- 1940, at 8:30 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by and Inspection + Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Concussion of Brain
Fractured skull.
Due to
Due to
Other Conditions Tuberculosis bronchial pneumonia

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-8-40
(c) Where did injury occur? Frederick Pike, near Rockville Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Pavement (Specify type of place) While at work? No
(e) Means of injury Auto - Struck over or run by car while crossing street

23. Signature Howard A. Thurber M.D.
Medical Examiner.
Date signed 12-9-40

VS 6

F 75257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1301 E. Lafayette Ave
(c) Hospital or institution: Hosp. for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town: Blue Ridge Summit
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Emily Bushey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1883

8. AGE: Years 57 | Months 4 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Andrew J. Bushey
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Emma Mary L. Warren
15. Birthplace Balto. Co. Md.

16 (a) Informant Dr. W. Clarence
(b) Address 88 W. Maine St. Westminster Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/10/40 (month) (day) (year)
(c) Cemetery or crematory Lisbury Cemetery Md.
Location Reisterstown, Md.

18 (a) Funeral director Lorenz Bros.
(b) Address 5005 Reisterstown Rd.

19 (a) DEC 9 - 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1940 9:40 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 12/1/40 to 12/7/40. and that I last saw he alive on 12/7 1940

Immediate cause of death: Carcinoma Testis — 2 days
Following or caused by: Carcinoma of Breast, Metastasis
Due to 5/20/39

Other Conditions
(Include pregnancy within 3 months of death)

Major findings of operation: Ductal Carcinoma of Breast, Carcinomatosis

PHYSICIAN — Underline the cause which should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold L. Stewart M.D. M. D.
Address Women's Hospital Date signed

VS 2

F 75258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75258

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. White Hall R F D 3
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Charles B. Ayres

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Ayres
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1892

8. AGE: Years	Months	Days	If less than one day
48	7	9	hr. min.

9. Birthplace Harford Co. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Physician

FATHER
12. Name Thos J Ayres
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Sallie Carlin
15. Birthplace Balto Co. Md

16 (a) Informant Mrs Mary Ayres
(b) Address White Hall Md

17 (a) Burial (b) Date thereof Dec 12-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory McKendree
Location Harford Co. Md

18 (a) Funeral director B. Macpherson Sons
(b) Address White Hall Md

DEC 10 1940
(Local Registrar)

Huntingtown Williams, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940 at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1940, to 12/9 1940, and that I last saw him alive on 12/9 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension Cardio Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Johnston Jr. M. D.
Address Md General Hosp Date signed 12/9/40

V8 8

Md. B. a. F 75259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 75259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Prince Frederick
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Pardoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Md — (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wyatt Pardoe
13. Birthplace

MOTHER
14. Maiden Name Elsie Elliott
15. Birthplace

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Middletown Chapel
Location Tuxby - Calvert Co. Md.

18 (a) Funeral director C. O. Hankins & Son
(b) Address Mutual, Md.

DEC 10 1940 (Date rec'd by registrar) (b) Huntingtown Md. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at 11 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Premature birth

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 12/9/40

Never age at especially important. Physicians: please write the causes of death clearly and legibly.

388733 F 75260 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 75260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ANNAPOLIS (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 TAYLOR ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME B. LENA WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	MARRIED

6 (b) Name of husband or wife JAMES

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 6-6-84

8. AGE: Years	Months	Days	If less than one day
56	6	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name JACOB BURNEY
13. Birthplace Va.

MOTHER
14. Maiden Name SUSIE WEBSTER
15. Birthplace Md.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory Asbury Meml. Gdns.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs George H Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 19 40 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 15 19 40 to Dec 7 19 40 and that I last saw her alive on DEC. 7 19 40

Immediate cause of death Intestinal Obstruction — Duration

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma & Necrosis of Pylorus & Metastases to Liver
Of autopsy Same - Adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 12-7

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75261

CERTIFICATE OF DEATH

108 F 75261

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Gold St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertie Valentine

If U. S. Veteran specify WAR

(a) Residence: No. 503 Gold St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): May 12, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boring, Md.

FATHER

13. NAME: George Diggs

14. BIRTHPLACE (city or town) (State or country): Berlin, Md.

MOTHER

15. MAIDEN NAME: Ethel Tilley

16. BIRTHPLACE (city or town) (State or country): Boring, Md.

17. INFORMANT: Mrs. Viola E. Jones

(Address) 503 Gold St.

18. BURIAL, CREMATION, REMOVAL

Place: Bethel Date: 12-10-40

19. UNDERTAKER: Mrs. Eug. H. Holland

(Address) 1631 Druid Hill Ave.

20. FILED: DEC 10 1940 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/7, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1940 to 12/7, 1940

I last saw ... alive on 12/7, 1940 Death is said to have occurred on the date stated above, at 2-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Burk Cutler M. D.

(Address) 2137 Druid Hill Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 9

F 75262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No. F 75262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Monroe Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-5687

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Henrietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business Dr. Kerr

FATHER
12. Name Walter Scott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louise Brown
15. Birthplace Prince George Co. Md.

16 (a) Informant Mrs. Ethel Bowling
(b) Address 520 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1681 Druid Hill Ave.

DEC 10 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1940, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1940, to 12-8 1940, and that I last saw h/lg. alive on 12-8 1940.

Immediate cause of death
Uremia Coma — Duration 4 hours

Due to Malignant Hypertension — Duration 3 months

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 12-8-40

VS 8

F 75263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B

F 75263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 Hunter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sampson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 26 - 1923

8. AGE: Years	Months	Days	If less than one day
17	8	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name McKinley Pratt

13. Birthplace

MOTHER 14. Maiden Name Catherine Sampson

15. Birthplace N. Car.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)

(c) Cemetery or crematory Pleasant Rest

Location Towson Md

18 (a) Funeral director Mrs. Geo. H. Hyland

(b) Address 631 Druid Hill Ave.

DEC 10 1940 (Date rec'd by Registrar) (b) Printing for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940 at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940 to Dec 6 1940, and that I last saw h alive on Dec 6 1940.

	Duration
Immediate cause of death Cardiac failure	3 days
Due to Rheumatic heart disease	2 yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Aspa, Jr. M. D.

Address Johns Hopkins Hospital Date signed 12-7-40

VS 3

F 75264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 31 F 75264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel A. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Sarah Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/14/1856

8. AGE: Years	Months	Days	If less than one day
84	3	23	hr. min.

9. Birthplace Wilmington, N. C.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Hotel

FATHER
12. Name Asa Smith
13. Birthplace Wilmington, N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace Wilmington, N. C.

16 (a) Informant Mrs. Eleanor Hall
(b) Address 1633 W. Lanvale St.

17 (a) Burial (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1681 Druid Hill Ave.

19 (a) DEC 10 1940 (b) Huntington Ave. Baltimore Md.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940 10:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1940 to 12/7 1940 and that I last saw him alive on 12/7 1940.

Immediate cause of death: Cardio renal vascular disease — Duration: ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. N. Pitcock
Address 1536 W. Lanvale St. Date signed 12/11/40

VS 3

Physicians: please write the causes of death clearly and legibly.

F 75265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 75265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23 - 1879

8. AGE: Years	Months	Days	If less than one day
61	3	13	hr. min.

9. Birthplace Balto. - Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Mitchell Bailey
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Pinkett
15. Birthplace Md.

16 (a) Informant Jennie Reed
(b) Address 1211 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml. N. Greene & Son
(b) Address 638 N. Fulton Ave

19 (a) (Date rec'd by registrar) (b) Registered by

Number on certificate 87

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1940 at 10 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 6 1940.
and that I last saw her alive on Dec 6 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 5 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Cooper M. D.
Address 1529 W. Lanvale St Date signed Dec 9 1940

VS 3

75266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Shorter

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-2933

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie Shorter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 25 1892

8. AGE: Years: 48 | Months: 9 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (town, county, and state)

10. Usual Occupation: Porter

11. Industry or business

FATHER 12. Name: William Shorter
13. Birthplace: Md.

MOTHER 14. Maiden Name: Martha Berry
15. Birthplace: Md.

16 (a) Informant: Mrs. Jennie Shorter
(b) Address: 2436 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem.
Location: Baltimore Md

18 (a) Funeral director: Mr. Frances A. Handy
(b) Address: 578 N. Biddle St.

19 (a) Dec 13 1940 (Date received by registrar) (b) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1940, at 6:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940, to 12-9 1940, and that I last saw h/a, alive on 12-9 1940.

Immediate cause of death: Bronchopneumonia — Duration 2½ wks

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. B. Higgins M. D.

Address: 2243 Madison Ave Date signed: 12-9-40

F 75267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

F 75267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 E Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 E Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Fauldrath

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 22-1866

8. AGE: Years	Months	Days	If less than one day
74	9	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name Christopher Fauldrath
13. Birthplace Germany

MOTHER
14. Maiden Name Nettie Lantz
15. Birthplace Germany

16 (a) Informant Philip Fauldrath
(b) Address 1711 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) 12/9/40 (Date rec'd by registrar) (b) Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 19 40, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939 to August 5 1940 and that I last saw h alive on Aug. 5, 1940.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schreiber M. D.
Address 1919 E. North Ave. Date signed 12/9/40

F 75268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-e

Registered No. F 75268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address XXXXXXXXXXXXXXXX
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 N. Hilton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Lou Abigill

3 (b) If veteran, name war: None
(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1940

8. AGE: Years	Months	Days	If less than one day
0	2	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Abigill
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martha Romberger
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. John Abigill
(b) Address 2 N. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 DEC 10 1940 (Date received by Registrar) (b) Huntington Pk. Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1940, to 12-8 1940, and that I last saw her alive on 12-8 1940.

Immediate cause of death: Broncho bronchitis — Duration: 4 days
Due to
Due to
Other Conditions: Pylorospasm
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Williams M. D.
Address Univ. Hosp. Date signed 12-8-40

F 75269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

F 75269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy R. Voorhis

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-05-1770

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17, 1905

8. AGE: Years	Months	Days	If less than one day
35	5	22	..... hr. ..... min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Asst. Cashier

11. Industry or business Aetna Life Ins., Co.

FATHER
12. Name Wm. H. Voorhis
13. Birthplace New Jersey

MOTHER
14. Maiden Name Minnie Yereance
15. Birthplace New Jersey

16 (a) Informant Mrs. Ethel M. Hummer
(b) Address 2901 Arunah Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) ..... (b) ..... (Registrar)

DEC 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940, at 5:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1940 to Dec 9 1940 and that I last saw h[illegible] alive on Dec. 9 1940.

Immediate cause of death Carcinoma of the cervix with generalized metastasis — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wm. J. Mouat M. D.
Address St. Agnes Hosp. Date signed 12/9/40

F 75270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131-a

F 75270

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Mc Donough St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Elizabeth Ross

3 (b) If veteran, name war	3 (c) Social Security Account No.
_____	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of ~~husband~~ or wife George Ross
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 1892

8. AGE: Years	Months	Days	If less than one day
48	10		hr. _____ min. _____

9. Birthplace N Y City
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business _____

FATHER
12. Name _____
13. Birthplace _____

MOTHER
14. Maiden Name _____
15. Birthplace _____

16 (a) Informant Rosa Hall
(b) Address 1039 Mc Donough St

17 (a) Burial (b) Date thereof Dec 11-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Arlington Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 Mc Elderry St

19 (a) _____ Huntington-Williams Md.
(Date rec'd by registrar)

DEC 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1940, at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1940, to 12-8 1940, and that I last saw h alive on 12-8 1940

Immediate cause of death Malignant Hypertension

Duration 3 months

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature H H Marsenden M. D.
Address Provident Hospital Date signed 12-9-40

389348 75271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-D Registered No. 75271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 RUTLAND AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DENNIS PATTERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8862

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	MARRIED

6 (b) Name of husband ~~or wife~~ Ruby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-12

8. AGE: Years	Months	Days	If less than one day
28	1	26	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Steam Ft Belt Steel

FATHER
12. Name DENNIS PATTERSON
13. Birthplace VA

MOTHER
14. Maiden Name Eliz WALKER
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec. 12-1940 (month) (day) (year)
(c) Cemetery or crematory Int Calvary Cemetery
Location A, Br Co Md

18 (a) Funeral director Robert G Williams
(b) Address 1515 N. Eutaw St

19 (a) (Date rec'd by registrar) (b) Huntington W. Va.

DEC 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940, to Dec 8 1940, and that I last saw him alive on Dec 8 1940.

Immediate cause of death: ? Pulmonary embolism — Duration: 10 min.
Due to: ?
Due to: Gastric resection 9 days ago
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Duodenal ulcer
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. E. Jonas Physician M. D.
Address The Johns Hopkins Hospital Date signed 12-9

259562 1 Copy 79272 B 75272

BALTIMORE CITY HEALTH DEPARTMENT 83-B Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N Eden (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME MARY DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1892

8. AGE: Years	Months	Days	If less than one day
48	5	3	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation H. Work

11. Industry or business

FATHER 12. Name Edward W Woods
13. Birthplace VA

MOTHER 14. Maiden Name Millie
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location A.A. Co. Md

18 (a) Funeral director Robert E Wilson
(b) Address 15-16 McElderry St

19 (a) DEC 10 1940 (Registrar) DECEIVED M.R. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940, at 720 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Dec 7 1940, and that I last saw her alive on Dec 7 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to arteriosclerosis Hypertension	
Due to	
Other Conditions Cong. failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. A. Turney, M. D.
Address Johns Hopkins Date signed 12-7-40

75273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 93-D

Registered No. 75273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1519 Gorsuch Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. City
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Gorsuch Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

97

3 (a) FULL NAME Carrie C Nicoll

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel P. Nicoll
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug-17-1854

8. AGE: Years	Months	Days	If less than one day
86 90	3	1121	..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name William J. Culver
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara E. Elsrode
15. Birthplace Maryland

16 (a) Informant Mrs. Ellard D. Myers
(b) Address 1519 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

DEC 10 1940 (Date received by local registrar) (b) Signature of Local Registrar, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Dec 8 1940, and that I last saw her alive on Dec 7 1940.

Immediate cause of death: Hypertensive Cardio Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Barnaby
Address 1531 E North Ave Date signed 12/9/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75274

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Lee Chu Ching

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Brown	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
80 ?			hr. min.

9. Birthplace Canton, China
(Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business Unemployed

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn-Md.
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 108 W. NORTH AVENUE
19 (a) Dec 12 1940 (b) Registrar
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8-1940 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4-1940, to 12-8-1940, and that I last saw him alive on 12-8-1940.

Immediate cause of death Carcinomatosis
A VITAMINOSES
Due to Def. A-S.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?
?

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Balto City Hosp Date signed 12-9-40

C 19 [illegible]
VS 3
Hunting for Mrs. [illegible]

F 75275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 75275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Scott St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Scott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Mary A Stauffer

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White.	Widow

6 (b) Name of husband or wife late Wm Stauffer
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1865.

8. AGE: Years	Months	Days	If less than one day
75.	3	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work.
11. Industry or business at home

FATHER
12. Name John Neubert
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Gombert
15. Birthplace Balto Md.

16 (a) Informant Mr William J Stauffer
(b) Address 1127 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

19 (a) [illegible] (b) Hunting for Mr Lewis, M.D. Registrar
(Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8, 1940 at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939. to Dec 8 1940, and that I last saw her alive on Dec 7 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 12-2-40

Due to Arteriosclerosis

Due to

Other Conditions Arteriosclerotic Cardiovascular Disease 1939
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence –
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? – Whilst at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F Mylan M.D.
Address 6 E Lexington St Date signed 12-10-40
M. D.

F 75276

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D 57866

F 75276

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5247 Park Heights Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nora Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1881

8. AGE: Years	Months	Days	If less than one day
59	4	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Silas Nicholes

13. Birthplace Md.

MOTHER

14. Maiden Name Barbara Fisler

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Mamie Cook Suffin

(b) Address 1600 W. North Ave.

19 (a) (Date rec'd by registrar) Huntington Williamsport

Dec 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 1940, at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 1940, to 12/8 1940

and that I last saw h alive on 12/7 1940

Immediate cause of death Carcinoma of the rectum & intestines — Duration 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Dellet Jr.

Address Baltimore City Hosp. Date signed 12/9/40

75277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-AF 75277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4711 Elsrode Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Elsrode Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME William Frederick Doehring Sr.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 213-10-8136

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Clara Doehring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 11, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Mill Worker
11. Industry or business National Store Fixtur

FATHER
12. Name Augustav F. Doehring
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Pfopp
15. Birthplace Germany

16 (a) Informant Mrs. Mack Rose
(b) Address 4711 Elsrode Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Philip Herrington Sons
(b) Address 2024 Orleans St.

19 (a) (Date received by Registrar) (b) Registrar

DEC 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7. 1940, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 8-18 1940, to 12-7 1940, and that I last saw h alive on 12-7-1940.

Immediate cause of death
Apoplexy
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 days
Indefinite

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Seybert M. D.
Address 116 N. Harford Ave. Date signed 12-9-40

Wm. B. Seybert, M.D.

Dr H. Lee Franks - 1340 S. Charles St. F 75278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-0 F 75278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 W. Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town, write RURAL and give town)
(d) Street No. 1902 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Caroline Wahlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John S. Wahlin
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 - 1855

8. AGE: Years	Months	Days	If less than one day
85	3	8	hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert P. Hartmann
(b) Address 1902 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore - Md.

18 (a) Funeral director Charles H. Eberle
(b) Address 746 W. North Ave.

19 (a) (b) Huntington Williams M.D. Registrar

DEC 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7th 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Dec 7th 1940 and that I last saw him alive on Dec 7 1940.

Immediate cause of death Cerebral Thrombosis — Duration 4 Hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Franks M.D.
Address 1340 S. Charles Date signed 12/9/40

F 75279 ✓ F 75279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-40 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Ashton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Ashton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-2

3 (a) FULL NAME Samuel E. Schwartzman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-3615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Berlye Schwartzman
13. Birthplace Russia

MOTHER
14. Maiden Name Etta ?
15. Birthplace Russia

16 (a) Informant Eli Schwartzman
(b) Address 2027 Ashton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 DEC 10 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION 4.40

20. DATE OF DEATH Dec, 10, 1940 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to 12/10 1940, and that I last saw him alive on 12/10 1940

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M.D. M. D.
Address 2030 Wilkens ave Date signed 12/10/40

F 75280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME James Hill
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-07-9884

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-5-1885
8. AGE: Years 55 | Months 2 | Days 3 | If less than one day ... hr. ... min.
9. Birthplace Anne Arundel County Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Hill.
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Edwards
15. Birthplace Md.

16 (a) Informant Mary Hill
(b) Address 1610 E. Monument St
17 (a) ... (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery Mt Oahary Cem.
Location A A. Co Md
18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave Huntingtown Prince Georges, Md.
19 (a) DEC 10 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 6:10 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Dec 8 1940, and that I last saw him alive on Dec 8 1940.

Immediate cause of death Bronchopneumonia — Duration 7 days (12/1/40)
Due to Acute Bronchitis — Duration 7 days (Approx.)
Due to ...
Other Conditions ...
(Include pregnancy within 3 months of death)
Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? ...
(e) Means of injury ...
23. Signature Albert L. Bayard M. D.
Address 822 N. Broadway Date signed 12/10/40

VS 8

Please type or print plainly with pen and ink. Physicians: please write the causes of death clearly and legibly. The ... is necessary and important. Physicians: please write the causes of death clearly and legibly. The ... is necessary and important.

F 75281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75281 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILMA ALBRECT

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-0511

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22 1882

8. AGE: Years 58 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Faultless Coat makers

11. Industry or business Tailoring Shop

FATHER
12. Name Adalbert Albrect
13. Birthplace Hungary

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Hungary

16 (a) Informant Adalia Magnani
(b) Address HIGHVIEW AVE FULLERTON MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 DEC 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940 at 6 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~Autopsy~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Pneumonia hypostatic — Duration

Due to Fracture both bones, left leg.

Due to

Other Conditions Fracture, shock

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-4-40
(c) Where did injury occur? 2314 Edmondson Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by car

Signature [illegible] M.D. Medical Examiner.

Date signed 12-5-40

75282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 A V F 75282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3817 Towanda Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3817 Towanda Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

15

3 (a) FULL NAME MORRIS LEVY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife SELMA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace NEW YORK CITY (town, county, and state)
10. Usual Occupation CLERK - POST OFFICE
11. Industry or business

FATHER
12. Name SAMUEL LEVY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name FLORA
15. Birthplace RUSSIA

16 (a) Informant HARRY O' LEVIN
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location BALTO. Phila. Rd. & Bowleys
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

(c) Date rec'd by registrar Huntington Pittman

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1940, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1940, to 12-10 1940, and that I last saw h[illegible] alive on 12-10 1940.

Immediate cause of death	Duration
Cardiac Thrombosis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin
Address 2037 Park Ave Date signed 12/10/40

10

75283 ✓ 131-w F 75283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 E. BALTO. ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 E. BALTO. ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? VU years

3 (a) FULL NAME AARON MICHAELSON

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOW

6 (b) Name of husband or wife FANNIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant MR. ABRAHAM
(b) Address 1007 N. CENTRAL AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-10-40 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PULA. RD. & HAMILTON AVE

18 (a) Funeral director Jos. Sauro Inc
(b) Address 1439 E. BALTO ST

19 (a) (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9-40 19.., at 9 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1940, to Dec. 9 1940, and that I last saw him alive on Dec. 9 1940.

Immediate cause of death Cardiac decompensation Pulmonary edema — Duration
Due to Hypertensive C.V.R. disease with arterio-sclerosis.
Due to Bronchial asthma. Secondary anemia.
Other Conditions Hemorrhoids. Bilateral hernia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry G. Drine M. D.
Address 11 E. Fayette St. Date signed 12/10/40

VS 3

F 75284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

Registered No. 14 75284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21da
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Argyle Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Dorsey

Birth Cert # F 16091

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 19, 1940

8. AGE: Years	Months	Days	If less than one day
		21	4 hrs — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Robert Dorsey
13. Birthplace md.

MOTHER
14. Maiden Name Mabel Anderson
15. Birthplace md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL DEC 10 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. E. Mobley

19 (a) DEC 10 1940 (b) [illegible] Registrar
(Date rec'd by registrar)

6110

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1940, at 1 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 1940, to Oct. 10 1940, and that I last saw her alive on Oct. 10 1940.

Immediate cause of death	Duration
Premature Ly	
Due to	
Due to	
Other Conditions B Coli Septicemia B Coli Meningitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Date signed 12-2

Please write the causes of death clearly and legibly.

D 75285
H 6 Dupe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 V F 75285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1115 W. Lexington (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irvin Mc Cargo ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 — 40

8. AGE: Years	Months	Days	If less than one day
	1 3	2 3	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Leonard McCargo
13. Birthplace

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHNS HOPKINS DEATH ROOM DEC 10 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 10 1940 (Date rec'd by registrar) (b) Registrar

6109

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1940, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940 to Dec 6 1940 and that I last saw him alive on Dec 5 1940

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 12/7/40

75286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 75286

Registered No.

S.S.# 215-05-4194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home + Inf.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 N. Montford Ave. (If rural give location)
S.S.# 215-05-4194
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Elmer J. Wiseman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1902

8. AGE: Years	Months	Days	If less than one day
38	7	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter.

11. Industry or business

FATHER
12. Name John Wiseman
13. Birthplace Maryland.

MOTHER
14. Maiden Name Kate Betz
15. Birthplace Maryland.

16 (a) Informant Mrs. Elmer Wiseman
(b) Address 1316 N. Montford.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Lassahn Rutherford Home
(b) Address 7401 Belair Road

DEC 10 1940
Registrar

Date Received

Counter Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940 to Dec 9 1940 and that I last saw him alive on Dec 9 1940

Immediate cause of death Cardiac Failure — Duration 48 hrs

Due to Subacute Bacterial Endocarditis ? — ?

Due to Rheumatic H. D. — ?

Other Conditions —
Hem. pernicious anemia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As Above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Kennamer M.D.
M. D.
Address Church Home Inf. Date signed 12/9/40

VS 3

75287 McNeal A. Brown

BALTIMORE CITY HEALTH DEPARTMENT 105 F 75287

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 842 N Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 842 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mcneal A Brown
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-07-9688

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Irene C Brown
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) Oct 4 1905

8. AGE: Years	Months	Days	If less than one day
35	2	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Mortician
11. Industry or business funerals

FATHER
12. Name Meredith Brown Sr
13. Birthplace Md

MOTHER
14. Maiden Name Carrie E Butler
15. Birthplace Md

16 (a) Informant Irene C Brown (wife)
(b) Address 842 N Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Pk
Location Arlington Baltimore Md

18 (a) Funeral director John M Johnson
(b) Address 1700 Druid Hill Ave

19 (a) Filed DEC 10 1940 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1940 to Dec 7 1940.
and that I last saw him alive on Dec 7 1940.

Immediate cause of death
Laryngeal Stricture
Due to Tuberculosis
Due to Edema
Other Conditions —
(Include pregnancy within 3 months of death)

Duration
One Month

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature George McDonald M.D.
Address 842 N Carey Date signed 12/9/40

Physicians: please write the causes of death clearly and legibly.

75288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75288

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 W. FAIRMOUNT AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BENJAMIN FRANK McDONALD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife: Mary E. McDonald

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1855.

8. AGE: Years 85 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace: Anne Arundel Co Md.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: John McDonald
13. Birthplace: Anne Arundel Co Md

MOTHER
14. Maiden Name: Charlotte ?
15. Birthplace: Anne Arundel Co Md

16 (a) Informant: Rosie McDonald
(b) Address: 818 W Fairmount Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/10/1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn Cem.
Location: Balto Md.

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N. Schroeder St.

19 DEC 10 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~P.M.~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions ~~none~~	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~~none~~
Of autopsy ~~none~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Zeb Williams M.D.
~~Asst~~ Medical Examiner.
Date signed 12-6-40

VS 6

Penalty imposed. Physician: please write the causes of death clearly and legibly.

75289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Carlton Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Wash. Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Kulm

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Seperated

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/24/98

8. AGE: Years	Months	Days	If less than one day
42	5	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Garbage Collector

11. Industry or business Balto. City

MOTHER / FATHER

12. Name Thomas J. Kulm

13. Birthplace Balto Md.

14. Maiden Name Rosa A. Floyd

15. Birthplace Balto Md.

16 (a) Informant Mrs. Winefred Walden

(b) Address 1437 Wallington Blvd

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Chas. E. Sylvester

(b) Address 1600 W. North Ave

19 (c) DEC 10 1940 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1940 to Dec. 8, 1940, and that I last saw h/m alive on Dec. 8, 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to —

Due to —

Other Conditions Broncho — Pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
M. D.

Address Franklin Square Hosp. Date signed 12/8/40

75290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-3 E 75290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 North Rolling Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME William S. Smith M.D.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	Widower

6 (b) Name of husband or wife Mary Middleton
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 80	---	---	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business -------

FATHER
12. Name Dr. Benjamin L. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances A. Travers
15. Birthplace Maryland

16 (a) Informant Mrs. Hilda H. Bryan
(b) Address 12 Englewood Road, Roland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears my Son
(b) Address 805 N. Calvert Street

DEC 10 1940 Huntington Williams M.D.
(Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17, 1940, to 12-9, 1940, and that I last saw him alive on 12-9 1940.

Immediate cause of death Uremia — Duration

Due to Carcinoma of Prostate

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Daugharthy M. D.
Address Franklin Sq. Hosp. Date signed 12-9-40

75291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

188

Registered No. 75291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. ------- (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME MR. GEORGE HEBNER, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Mrs. George Hebner, Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1906

8. AGE: Years	Months	Days	If less than one day
34	5	01	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Wholesale liquor
11. Industry or business

FATHER
12. Name Mr. George Hebner
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Coleman
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

DEC 10 1940 (Date filed by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1940, at 12.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1940, to Dec. 9 1940, and that I last saw him alive on Dec. 9 1940.

Immediate cause of death	Duration
Pulmonary embolism	5 min.
Due to fracture of left tibia	16 days
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 23, 1940
(c) Where did injury occur? Cockeysville Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Dragged by horse, which fell from bridge

23. Signature John A. Hewitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 12-9-40

VS 2

H. L. Wallenmeyer M.D. Balt. Asst. Medical Examiner

75292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127 a

F 75292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 335 S. Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth K. Wiseman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife late John Wiseman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1855

8. AGE: Years	Months	Days	If less than one day
85	11	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Stoffel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Dr. John J. Wiseman
(b) Address Staff Hospital, Torrance Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Hayes H Wright
(b) Address 4101 Edmondson Ave

DEC 10 1940 (Date rec'd by registrar) (b) Huntington Williams Mort. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940, at 3.47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1935 to Dec. 8 1940 and that I last saw her alive on Dec. 8 1940.

Immediate cause of death	Duration
Myocarditis & Myocardial degeneration	7 yrs.
Due to Chronic Cholecystitis & Biliary fistula	1 yr.
Due to Empyema gall bladder	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Empyema of gall bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Esther V. Blumberg
Address 1400 Hollins St Date signed 12/10/40

VS 3

F 75293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176 F 75293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Route Lane Douglas Cove and Oakleigh Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAX DERKA

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-07-5070

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Louise Derka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Mies Wright

11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: Frank Derka
13. Birthplace: Poland

MOTHER
14. Maiden Name: Anna Krulik
15. Birthplace: Poland

16 (a) Informant: Louise Derka
(b) Address: Fairacres Oakleigh Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 12-40 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart of Mary
Location: Brehmans

18 (a) Funeral director: Fred W Ozozenski
(b) Address: 1938 Eastern Ave

19 (c) DEC 10 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940 at 10.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock, traumatic	
Due to: Rupture of left kidney and liver	
Due to:	
Other Conditions: none	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations: no	
Of autopsy: as above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 12-7-40
(c) Where did injury occur? Bethlehem Steel Harbor Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury: Crushed between crane

23. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed: 12-6-40

Hunterian for Hubbard

and steel beam

75294
389214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 75294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 462 S Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ross (Ros)
3 (b) If veteran, name war
3 (c) Social Security Account No. Not Call
4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-6-79
8. AGE: Years 61 | Months 2 | Days 1 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Ross
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Gramal
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore
18 (a) Funeral director Fred W Ozazewski
(b) Address 1900 Eastern Ave
19 (a) (Date rec'd by registrar) (b) Registrar

VS: DEC 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1940 at 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940 to Dec 7 1940 and that I last saw h[illegible] alive on Dec 7 1940.

Immediate cause of death Cerebral Accident — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Billings
Address J. H. Hospital Date signed 12-7-40

Hunting for Pulmonary

75295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 75295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Pfeiffer Corner (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John W. Dasher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha Jacky Dasher

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1861

8. AGE: Years: 79 | Months: 8 | Days: 22 | If less than one day: ..... hr. ..... min.

9. Birthplace Penn, West Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Seymour Dasher
13. Birthplace Penn W. Va.

MOTHER
14. Maiden Name Elizabeth Ohlinger
15. Birthplace West Hanover Virginia

16 (a) Informant Otho S. Dasher
(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Pfeiffer Lutheran
Location Pfeiffer Corner

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) ..... (Date rec'd by registrar) (b) Interior Williams, Md. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1940, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1940 to 12/9 1940, and that I last saw him alive on 12/8 1940.

Immediate cause of death: Arteriosclerotic Cardiovascular disease — Duration: Years 8

Due to: with Cardiac decompensation.

Due to: .....

Other Conditions: Diabetes Mellitus. Benign Prostatic Hypertrophy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cystotomy
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature James B. Nuttall M. D.
Address University Hospital Date signed 12/9/40

75296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 ✓ Registered No. E 75296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Hennig Lane
(c) Hospital or institution: Leyden Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 H 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Bal. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Sarah Anne St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Calvin Bridges ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	2	2	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Bridges
13. Birthplace Cheraw S. C.

MOTHER
14. Maiden Name Gertrude Jones
15. Birthplace Anderson S.C.

16 (a) Informant Father & Grandmother
(b) Address 614 Sarah Anne St, Balt

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL DEC 10 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore.
(b) Address

19 (a) DEC 10 1940 Huntington Williams, M.D. Registrar
(Date received by Registrar)

6113

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1940, to 12/7 1940, and that I last saw him alive on 12/7 1940.

	Duration
Immediate cause of death: Bronchopneumonia	12 days
Due to: Measles	12 days
Due to:	
Other Conditions: Malnutrition	2 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myra B. Allen
Address 3 Leyden Lane Date signed 12/10/40

75297

CCK

39795

F 75297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

Please write clearly and legibly. Use ink. Do not use pencil. Be sure the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 366 Marydell Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Ferns

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-1858

8. AGE: Years	Months	Days	If less than one day
82	7	0	hr. min.

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward FERNS
13. Birthplace Ireland

MOTHER
14. Maiden Name Allen Cowan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 12 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 DEC 10 1940 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1940, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1939, to 12-9 1940 and that I last saw h-- alive on 12-9 1940.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Arteriosclerotic heart disease	?
Cardiac failure	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rakstraw M. D.
Address Balto City Hosp Date signed 12-10-40

VS 8

75298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. 75298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 340 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Bank St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marian Palasik (51575) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1908

8. AGE: Years	Months	Days	If less than one day
32		3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Palasik
13. Birthplace Balto.

MOTHER
14. Maiden Name Carrie Wisniewski
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore City

18 (a) Funeral director John M. Weber
(b) Address 406 S. Chester Street

DEC 10 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1940, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4, 1940, to Dec. 9, 1940, and that I last saw him alive on Dec. 9, 1940

Immediate cause of death

Tuberculosis of lungs — Duration 1934

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund G. Beacham M.D.
M. D.
Address Balto. City Hospitals Date signed 12-9-40

VS 3

75299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75299 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 E Wheeling St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E Wheeling St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida E Eades

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Hugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1873

8. AGE: Years	Months	Days	If less than one day
67	3	28	hr. min.

9. Birthplace Lynchburg Va (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Va

MOTHER
14. Maiden Name Don't Know
15. Birthplace Va

16 (a) Informant Mr Bernard Hill
(b) Address 39 E Wheeling st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-40 (month) (day) (year)
(c) Cemetery or crematory Oakwood
Location Richmond Va

18 (a) Funeral director Williams & Mareck
(b) Address 715 Light St

19 (a) DEC 10 1940 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940, at 9 o'c P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1940, to Dec 9 1940, and that I last saw h[illegible] alive on Dec 9 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 mo.
Due to Uremia Chronic	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1279 Eutaw St Date signed 12/10/40 M. D.

VS 3

75300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 75300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Rural - Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 East Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank A. Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 23 1866

8. AGE: Years	Months	Days	If less than one day
74	2	16/17	____ hr. ____ min.

9. Birthplace Baltimore City for Md Pa steel Cyl
(Town, county, and state)

10. Usual Occupation Machinist Baltimore steel Co

11. Industry or business

FATHER
12. Name Andrew J. Bowers
13. Birthplace Pa

MOTHER
14. Maiden Name Lucretia Brown
15. Birthplace Md

16 (a) Informant Mrs Edwin D Ralston
(b) Address 703 Mattison Ave Asbury Pk N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-40 (month) (day) (year)
(c) Cemetery or crematory Baldwin
Location Stockton Pa

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 DEC 10 1940 (Date received) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1 1940, to December 9 1940, and that I last saw h. ive alive on December 9 1940

Duration

Immediate cause of death Uremia

Due to Intestinal Obstruction, Gangrenous Intestine and Uremia

Due to ____

Other Conditions Cancer Rectum Operated Unsuccessfully Emphysematosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Rectum

Of autopsy Gangrenous Intestine, Carcinoma Rectum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Julius F. Olch, M.D.
Address Mercy Hospital Date signed 12/9/40

VS 2

F 75301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 75301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Waynesboro (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N. Church Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. Laura E. Little Jacobs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife MR. Harvey Jacobs.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1868.

8. AGE: Years	Months	Days	If less than one day
72	10	20	hr. min.

9. Birthplace Gettysburg Pennsylvania. (Town, county, and state)

10. Usual Occupation housewife.

11. Industry or business

FATHER
12. Name William Z. Little
13. Birthplace Adams County Pennsylvania

MOTHER
14. Maiden Name Elizabeth Shriner
15. Birthplace Pennsylvania.

16 (a) Informant Harvey Jacobs
(b) Address Waynesboro Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location Waynesboro Pa

18 (a) Funeral director Walter Y. Groft
(b) Address Waynesboro Pa

19 (a) DEC 11 1940 (Date received by registrar) Interim Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1940, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940 to Dec 11 1940 and that I last saw h[illegible] alive on Dec 11 1940

Immediate cause of death	Duration
Heart failure	
Due to Massive edema	
Due to Neoplastic disease with intestinal obstruction	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Neoplasm of sigmoid
Of autopsy ——— own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas N. Stone M. D.
Address Union Memorial Hospital Date signed 12/11/40

F 75302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Alberta Scarborough

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Benjamin Scarborough

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 7th 1871

8. AGE: Years 69 | Months 10 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Easton Md.
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name Jesse Shanahan
13. Birthplace Easton Md.

MOTHER
14. Maiden Name Annie Eaton
15. Birthplace Easton Md.

16 (a) Informant Records
(b) Address Home for Aged of M. E. Church

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) DEC 11 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1940, at 1 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1940, to Dec 9 1940, and that I last saw her alive on Dec 9 1940.

	Duration
Immediate cause of death: Intestinal Obstruction	
Due to: Strangulated Hernia. Post-operative - Bronchitis	
Due to:	
Other Conditions: Diabetes Mellitus.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 700 N. Fulton Ave Date signed 12/9/40 M.D.

F 75303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 75303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1753 Orleans St
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE GANDY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1919

8. AGE: Years	Months	Days	If less than one day
21	9	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Gandy
13. Birthplace S. C.

MOTHER
14. Maiden Name Cora Hughes
15. Birthplace Balto Md

16 (a) Informant Mrs Cora Gandy
(b) Address 1802, E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) 12-11-1940 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1940, at 11:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Bullet wound of heart and chest — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 12-8-40
(c) Where did injury occur? 1753 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? —
(e) Means of injury Revolver shot during

23. Signature H. Wallenmeyer M.D. (Medical Examiner)

Date signed 12-9-40

VS 6

Affirmed

75304 Kryonski F 75304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 E. Pratt St. 1-5 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Victoria Krzynski

(a) Residence: No. 2127 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stanley Krzynski

6. DATE OF BIRTH (month, day, year) [illegible]86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mathew Polak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Klimek

16. BIRTHPLACE (city or town) (State or country) poland

17. INFORMANT Stanley Krzynski

(Address) 2127 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 12-12 19 40

19. UNDERTAKER John J Rinda

(Address) 2239 Hudson St

20. FILED DEC 11 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1940 to Dec. 10, 1940

I last saw h[illegible] alive on Nov. 16, 1940. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast (right)	1936
Other contributory causes of importance:	
General metastasis	1939

Was an operation performed? yes Date of Jan. 1937

For what disease or injury? Carcinoma of right breast

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Dean Moores M. D.

(Address) 3105 Belair Rd.

(OCCUPATION is very important. See instructions on back of certificate.)

25305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 25305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horace Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Annie Brown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1873

8. AGE: Years	Months	Days	If less than one day
67	1	17/6	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Thomas Brown
13. Birthplace Virginia

MOTHER
14. Maiden Name Asa Lewis
15. Birthplace Virginia

16 (a) Informant Mrs. Annie Brown
(b) Address 610 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md

18 (a) Funeral Mayhugh & Haughey
(b) Address 57 N. Eddey St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940 at 9:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature M.D. (Medical Examiner)
Date signed 12/11/40

Please write the causes of death clearly and legibly. Physicians: Please write the causes of death clearly and legibly. The information should be carefully supplied. The accuracy is important.

75306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 E. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County – –
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 E. Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL DILLFELDER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Dillfelder
6 (c) If alive, give age? years
7. Birth date of deceased (mo., day, yr.) Aug. 8. 1866
8. AGE: Years 75 | Months 4 | Days 0 | If less than one day ... hr. ... min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Own Shop

FATHER
12. Name Dillfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Doerr
15. Birthplace Germany

16 (a) Informant Mrs. Anna Dilfelder
(b) Address 2608 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11. 1940 (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical Cem.
Location Baltimore Md.
(a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Breadway.

19 (a) ... (Date rec'd by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8. 1940 19 1.16. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1940 to Dec 7th 1940 and that I last saw h. i. alive on Dec 7th 1940

Immediate cause of death: Cerebral Hemorrhage
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. + J. Faulkner M. D.
Address 119 N. Miller Date signed

F 75307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75307
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hoffman Nursing Home
(c) Hospital or institution: Millvale

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 W Old Kenwick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johnathan E. Munnumert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1867

8. AGE: Years	Months	Days	If less than one day
73	2	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Eli Munnumert
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Nedie
15. Birthplace Baltimore

16 (a) Informant Susanna Munnumert
(b) Address Nursing Home

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory David Reigs
Location Reisterstown Road

18 (a) Funeral director H. Dillard Hall
(b) Address 2539 Gallo Road

19 (a) (Registered) (b) Arthur Williams, M.D. Registrar

DEC 11 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940, at 7:32 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Dec. 9 1940, and that I last saw h[illegible] alive on Dec. 9 1940.

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterman, M.D.
Address 2324 Reisterstown Rd Date signed 12/10/40

F 75308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Garrison Blvd.
(c) Hospital or institution: ##########

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Garrison Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

15 10

3 (a) FULL NAME Henrietta Phillipson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife Alexander Phillipson.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-1st-1851

8. AGE: Years 89 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Connecticut. (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife.

FATHER
12. Name John Kohler.
13. Birthplace Germany.

MOTHER
14. Maiden Name Jeannette ??
15. Birthplace Germany

16 (a) Informant Mrs Rhinehart.
(b) Address 3416 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location Balto & Conklin Sts.

18 (a) Funeral director J. Ahrens & Co.
(b) Address 2432 Reisterstown Rd.

DEC 11 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to Dec 10 1940. and that I last saw h-r alive on Dec 9 1940.

Immediate cause of death Myocarditis — Duration 1 mo.

Due to

Due to Advanced arteriosclerosis ? ?
Hypertension

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Walter Dunbar

Address 2220 Garrison Blvd Date signed Dec 11/40

VS 8

F 75309

61638 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370 F 75309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Carrollton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Bernice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/1876

8. AGE: Years	Months	Days	If less than one day
64	7	0	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery Marion Sta. Md.
(d) Funeral director's name & address F. W. Tolchurman Madison Station, Md.

DEC 11 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940 to 12-9 1940, and that I last saw him alive on 12-9 1940.

Immediate cause of death Uremia — Duration 4 days

Due to Acute urinary retention

Due to Benign prostatic hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rogers M. D.
Address Balto City Hosp Date signed Dec. 10. 40

VS 3

F 75310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 75310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2333 Aiken St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2333 Aiken St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 76+ years

3 (a) FULL NAME Virginia M. Hutchinson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edward W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1872

8. AGE: Years	Months	Days	If less than one day
68	8	25	hr. min.

9. Birthplace Virginia
(Town, County, and state)

10. Usual Occupation Housework

11. Industry or business home

FATHER
12. Name Wm D. Davis
13. Birthplace Virginia

MOTHER
14. Maiden Name Sallie Pitter
15. Birthplace Virginia

16 (a) Informant Carie Hutchinson
(b) Address 2333 Aiken St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor ave.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St.

19 (a) Dec 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 — 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13/19 40 to 12/10/19 40 and that I last saw h[illegible] alive on 12/9/19 40.

Immediate cause of death
Cardio-renal —
Due to Vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
prior 8/13/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Joseph Gardner

Address 517 S. Dukeave Date signed 12/10/40 M.D.

F 75311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No. F 75311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eadewood & Greene
(c) Hospital or institution:
Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Gaster ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Conrad C. Winterling

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 215-10-3775

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Jennie Winterling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2—1873

8. AGE: Years	Months	Days	If less than one day
67	3	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Farmhild Weather and Rain

FATHER
12. Name Ambrose Winterling
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germ

16 (a) Informant Jennie Winterling
(b) Address 3726 Gaster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14-1940 (month) (day) (year)
(c) Cemetery or crematory Sand Hill
Location Germon Hill Rd Balto Co

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. Wolfe st

19 (a) DEC 11 1940 (Date received by registrar) (b) Hunting for Williams M.R.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1940, to Dec. 10 1940, and that I last saw h[illegible] alive on Dec 10 1940.

Immediate cause of death Cardiac failure — Duration ?

Due to arterio sclerotic hyper-tensive heart disease — Duration ?

Due to —

Other Conditions benign prostatic hyp. acute urinary retention

Major findings:
Of operations dilated bladder, enlarged prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Univ. Hosp. M. D.
Address Univ. Hospital Date signed 12-10-40

F 75312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 — Registered No. F 75312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Mary Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Mary Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Woneheim.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife C. D. Woneheim

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Mar. 23-1868

8. AGE: Years	Months	Days	If less than one day
72	8	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Peiponides
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Maryland

16 (a) Informant C. D. Woneheim
(b) Address 3013 Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore City

18 (a) Funeral director Geo H Little
(b) Address 2700 Edmondson Ave

Dec 11 1940 (Date received) Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940 at 8:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to Dec. 9 1940 and that I last saw h[illegible] alive on Dec. 9 1940.

Immediate cause of death	Duration
Ch. Myocarditis	1937
Due to	
Due to Ch. Interstitial Nephritis.	1938
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Boarman M.D.
Address 1660 W. Mosher St. Date signed 12/9/40

Please write the causes of death clearly and legibly. The

F 75313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3448 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3448 Keswick Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Uriah W. Ruby.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife George W. Ruby.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1860

8. AGE: Years	Months	Days	If less than one day
about 80	4	-	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. Jett
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Donovan
15. Birthplace Va

16 (a) Informant Harry M. Ruby.
(b) Address 3448 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Edmond L. Donovan
(b) Address 3615-17 Eastern Ave.

DEC 11 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1940 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Dec 9 1940, and that I last saw h[illegible] alive on Dec 9 1940

	Duration
Immediate cause of death: Cardio respiratory paralysis	2 days
Due to Hypo Static Congestion	
Due to Myocardial degenerations	several years
Due to advanced age	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Clift
Address 5010 Harford Rd Date signed 12-9-40 (M. D.)

VS 8

F 75314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 75314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5239 St Charles Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

NT

3 (a) FULL NAME James Francis Stewart James F. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Theresa C. Stewart
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1871

8. AGE: Years	Months	Days	If less than one day
69	10	17	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Retired-Printer
11. Industry or business U.S. Bureau of Engraving & Printing

FATHER
12. Name William A. Stewart
13. Birthplace Not Known

MOTHER
14. Maiden Name Mary McCarthy
15. Birthplace Not Known

16 (a) Informant Mrs. Theresa C. Stewart
(b) Address 5239 St. Charles Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington, D.C.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

DEC 11 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10, 1940, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1940, to 12-10 1940, and that I last saw him alive on 12-10, 1940.

Immediate cause of death	Duration
Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other Conditions Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Enlargement of Prostate Gland. 1940
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 12-10-40

VS 3

F 75315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75315

Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 S. Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 S. Clinton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christina Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband ~~or wife~~ John. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2 1875

8. AGE: Years	Months	Days	If less than one day
65.	1	2	hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation House. Wife

11. Industry or business

FATHER
12. Name Nicholas Mack.
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Elliott.
15. Birthplace Germany.

16 (a) Informant John Williams
(b) Address 2111 S. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave. Road.

18 (a) Funeral director Wendell J. Dippel
(b) Address 312 S. Highland Ave

DEC 11 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1940, at 4 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandeventer M.D.
Medical Examiner.
Date signed 12/9/40

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The accuracy important.

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

60261 F 75316 Registered No. 1948-A

75316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 E. Preston st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Young

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married (Sep)

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. ? 1885

8. AGE: Years 55 | Months ? 2 | Days ? | If less than one day ... hr. ... min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Mack Whiteman
13. Birthplace S.C.

MOTHER
14. Maiden Name Sadie Greer
15. Birthplace S.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co.

18 (a) Funeral director Samuel H. Hooper & Son
(b) Address 628 N. Calvert St.

19 (a) (Date rec'd by registrar) (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1940 at 6:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1940 to 12/9 1940 and that I last saw h alive on 12/8 1940

Immediate cause of death	Duration
Carcinoma of the cervix uteri	1 yr. 2 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Feldman M. D.
Address Baltimore City Hosp. Date signed 12/9/40

Type or write the causes of death clearly and legibly. Copy must be typewritten, printed with indelible pencil or ribbon copy supplied.

F 75317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 75317

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 N. Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth G. Caspare

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frederick Caspare

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1863

8. AGE: Years 77 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Frank Bucking
13. Birthplace Germany.

MOTHER
14. Maiden Name Elsie Dalner
15. Birthplace Germany.

16 (a) Informant Theresa Vettori
(b) Address 1116 N. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. & Mrs. John N. Teufl & Son
(b) Address 801 W. Fayette St.

DEC 11 1940 (Registered in Register's Office) (b) Huntington Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940 at 9:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15/1939 to Dec. 9 1940 and that I last saw her alive on Dec. 8, 1940.

Immediate cause of death: Diabetes Mellitus with gangrene involving right foot. — Duration: 15 mos

Due to:

Due to:

Other Conditions: Cardio vascular disease. — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deisel M.D.
Address 1226 Hanover St. Date signed 12/10/1940

75318 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 75318

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Mt. Curtis; 13-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Williams Adams

If U. S. Veteran specify WAR _____

(a) Residence: No. 2125 McCulloh St., _____ Ward. 55216-12-535X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cassie Adams

6. DATE OF BIRTH (month, day, year) Aug 12 1871

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
65	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville N.C.

FATHER

13. NAME Charles Adams

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jessie Blackmon

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Alvin S. Stanley

(Address) 2121 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem'd Date Dec. 12th 1940

19. UNDERTAKER Bayard Hamilton & Knight

(Address)

20. FILED Dec 13 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-40, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1940 to Dec 8 1940

I last saw h[illegible] alive on Dec 8, 1940. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of cause
Aortic Insufficiency	unk
Other contributory causes of importance: Hypertension	unk
Cerebral Hemorrhage	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Coroner Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bernard Harper M. D.

(Address) 1227 N Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 75319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D F 75319

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Alice Beverly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
over 50			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Emma Hopkins
(b) Address 1408 Lanvale St

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A Halstead
(b) Address 918 Druid Hill Ave

19 (a) DEC 11 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7- 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1- 1940 to 12-7- 1940, and that I last saw her alive on 12-5- 1940.

Immediate cause of death Nephritis — Duration Unknown
Due to Unknown
Due to
Other Conditions Chr. Arthritis — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Saunders M. D.
Address 102 Stricker St. Date signed 12-10-40

Please write clearly. Physicians: please write the causes of death clearly and legibly. The correct spelling important. Physicians: please write the causes of death clearly and legibly.

F 75320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94w

Registered No. F 75320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-60-9067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Lillie Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
44 42			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Mary ?
15. Birthplace

16 (a) Informant Lillie Mae Johnson
(b) Address 1527 W. Mulberry

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A H Halstead
(b) Address 918 Druid Hill Ave

DEC 11 1940 (Date rec'd by registrar) (b) [illegible] for Nellie Bennett, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3, 1940, at 7 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions nil (Include pregnancy within 3 months of death)	

Major findings:
Of operations nil
Of autopsy nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmaier M.D.
Medical Examiner.
Date signed 12-10-40

75321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W F 75321 Registered No.

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Chapel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester Miller

3 (b) If veteran, name war No

3 (c) Social Security Account No. 233-05-4330

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1900

8. AGE: Years 40 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Frederick Md (Town, county and state)

10. Usual Occupation Riveter Steelworker

11. Industry or business Bath Steel

FATHER
12. Name William L. Miller
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Mildred R. Hobbs
15. Birthplace Frederick Md

16 (a) Informant William L. Miller
(b) Address Frederick Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Frederick Memorial Pk.
Location Frederick Md.

18 (a) Funeral director H. R. Eckhardt & Son
(b) Address 106 E. Church St. Frederick Md

DEC 11 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wade Griffith M.D. Medical Examiner.
Date signed 12/11/40

F 75322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 a Sergeant (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Richard W. Kleinszen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-5-24

8. AGE: Years	Months	Days	If less than one day
16	5	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Theodore Kleinszen
13. Birthplace Md —

MOTHER
14. Maiden Name Unknown
15. Birthplace Md —

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location 2939 Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 W. Pratt St.

19 (a) — (b) Hunter for Williams, M.D. (Date rec'd by registrar) Registrar

DEC 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940 at 6:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940, to Dec 10 1940, and that I last saw him alive on Dec 10 1940.

Immediate cause of death	Duration
Bronchopneumonia due to Hemophilus influenza.	10 days
Due to: Bronchiectasis	
Due to: Chronic bronchitis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper, Jr.
Address Johns Hopkins Hospital Date signed 12-10-40

F 75323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176 V

Registered No. F 75323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank W. Weaver (Walter W. Weaver)

3 (b) If veteran, name war

3 (c) Social Security Account No. 147-03-1275

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1895

8. AGE: Years 45 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace Phoenixville, Penna (Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business Bethlehem Steel Co

FATHER 12. Name George Weaver

13. Birthplace Penna

MOTHER 14. Maiden Name Ann (Unknown)

15. Birthplace Penna

16 (a) Informant Bertha Weaver, wife

(b) Address Leola, New Jersey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)

(c) Cemetery or crematory Moorestown N.J.

Location New Jersey

18 (a) Funeral director Williams Bros

(b) Address 217 Carroll Street

19 DEC 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940 at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fracture, base of skull.	
Intracranial Injury	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/10/40
(c) Where did injury occur? Bethlehem Steel Co, Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Passenger in falling monorail car

23. Signature Wm Vanderhoof M.D. Medical Examiner
Date signed 12/11/40

Physicians: please write the causes of death clearly and legibly.

75324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

F 75324
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 E Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 E Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Snead

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Fem Col

5. Color or race

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry Snead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 49 | Months — | Days — | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name James M Isbell

13. Birthplace Va

MOTHER 14. Maiden Name unknown

15. Birthplace Va

16 (a) Informant Henry Snead

(b) Address 1021 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Baltimore

18 (a) Funeral director Elroy O Weber

(b) Address 400 N Charles

19 (a) Date received DEC 11 1940 (b) Registrar Livingston Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1940 to Dec 9 1940, and that I last saw her alive on Dec 9 1940.

Immediate cause of death

Acute Bronchial Pneumonia — Duration 2 days

Due to Pneumonia — Duration 7 days 1940

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Allen M. D.
Address 507 Cathedral St Date signed Dec 10 1940

F 75325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-wF 75325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 S. Collington ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S. Collington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Beere

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Patrick Beere
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May 8 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	7	1		

9. Birthplace Balto. Md (Town, county, and state).
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Thomas T. Green
13. Birthplace Ire

MOTHER
14. Maiden Name Bridget A. Flemming
15. Birthplace Ire

16 (a) Informant Patrick Beere
(b) Address 209 S. Collington ave

17 (a) — (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory Interbathedral Cem
Location Old Frederick Rd.

18 (a) Funeral director J. J. Horgan
(b) Address 3049 E. Baltimore St.

19 (a) DEC 11 1940 (Date rec'd by registrar) (b) Huntington Williamsville Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9/1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1940 to Dec. 9, 1940, and that I last saw her alive on Dec. 9, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	9 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cavaugno M. D.
Address 514 Drury Lane Date signed Dec 12 1940

VS 3

Grave #13

5326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 75326

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found in shack at Westport Dump

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Westport Dump (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED COLORED MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40 ? | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Police
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY

DEC 11 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 DEC 11 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7, 1940, at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Conflagration	
Due to	
Due to	
Other Conditions Charring of body - unidentifiable (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 7, 1940
(c) Where did injury occur? Westport Dump (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury Shack burned down

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed

VS 6

Physicians: please write the causes of death clearly and legibly. Print entries. Be careful to answer all questions carefully supplied.

F 75327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E ✓ F 75327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Eight St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town S
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1152 Garrison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward McGinnis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh.	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1

8. AGE: Years	Months	Days	If less than one day
39 yrs.			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Letter Carrier.

11. Industry or business Post Office

FATHER
12. Name John Mac Ginnis
13. Birthplace Md.

MOTHER
14. Maiden Name Koethe
15. Birthplace Md.

16 (a) Informant Helen Mc Ginnis
(b) Address 1152 Garrison, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schuneman
(b) Address 2601-03 E. Madison, St.

DEC 11 1940
(Date received by local registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1940, to Dec 10 1940, and that I last saw h[illegible] alive on Dec. 10 1940.

Immediate cause of death	Duration
(a) Pneumonia	
Due to Carcinoma of Descending Colon.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Descending Colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Shuster, M.D.
Address A B G H Date signed 12/10/40

75328 ✓ F 75328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No.

Type or print in ink. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Estella Augsburger.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife Mr. Charles Augsburger
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/6/94

8. AGE: Years	Months	Days	If less than one day
46	1	3	— hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Hospital record.
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

DEC 11 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940, at 2:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1940 to 12/9 1940 and that I last saw h.e alive on 12/9 1940.

Immediate cause of death	Duration
Pyaemia.	2 wks.
Due to Bilateral mastitis.	1 mo.
Due to Carcinoma of uterus.	?
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Carcinoma of uterus extensive.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Mc Clafferty M. D.
Address Bon Secours Hosp. Date signed 12/9/40

VS 8

75329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a ✓ F 75329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3622 Kenwick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD O. BULL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-8904

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Inez G. Bull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7-1875

8. AGE: Years	Months	Days	If less than one day
65	—	3	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Freight Conductor
11. Industry or business Pa. R.R.

FATHER
12. Name Nicholas Bull
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia McCauley
15. Birthplace Maryland

16 (a) Informant Mrs. Inez G. Bull
(b) Address 3622 Kedwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 DEC 11 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 6 57 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner
Date signed 12-10-40

VS 6

Physicians: please write the causes of death clearly and legibly.

75330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 S. Woodington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Woodington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JULIA CATHERINE BARTHOLOW

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Wm. C. Bartholow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 8, 1866

8. AGE: Years 74 | Months 11 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Frederick (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: John R. Baer
13. Birthplace: Frederick

MOTHER
14. Maiden Name: Margaret Swearing
15. Birthplace: Frederick

16 (a) Informant: Mr. J. Millard Rine
(b) Address: 7 S. Woodington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/40 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Woodlawn, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) DEC 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940. to Dec 9 1940.
and that I last saw her alive on Dec 8 1940

Immediate cause of death: Myocardial Failure — Duration
Due to: Myocardial Degeneration
Due to:
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Med. Arts Bldg Date signed 12-10-40

VS 2

75331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75331
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2844 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2844 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Lydiana Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1866

8. AGE: Years	Months	Days	If less than one day
74	6	8	hr. min.

9. Birthplace Balt., Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Private Family

FATHER — 12. Name William Williams
13. Birthplace Balt.

MOTHER — 14. Maiden Name Lydia Cadwalader
15. Birthplace Md.

16 (a) Informant Miss M. Wheeler,
(b) Address 2844 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 DEC 11 1940 Huntington Williams, M.D. Registrar
(Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940, at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to Dec 10 1940 and that I last saw h alive on Dec 9 1940.

Immediate cause of death	Duration
Carcinoma ovary	1 yr. 6 mo.
Due to General metastasis	2 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Cave M. D.
Address 617 N 40 Date signed

VS 8

75332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 75332

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Ellamont St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Stella V. Stager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John L. Stager (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/6/1872

8. AGE: Years 68 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Mitchell
13. Birthplace Md

MOTHER 14. Maiden Name Matilda Crook
15. Birthplace Md

16 (a) Informant Mr. John L. Stager
(b) Address 1700 Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Wagnerstown Md.

18 (a) Funeral director Wm. J. Dickman & Sons
(b) Address North & Penna. Ave.

19 (a) DEC 11 1940 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10 1940 at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1940 to 12/10 1940 and that I last saw h[illegible] alive on 12/10 1940

Immediate cause of death Cardiac Failure & Uremia — Duration

Due to Diabetes Mellitus

Due to Arteries - Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene of Foot
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longshore M. D.
Address Md. General Hosp. Date signed 12/19/40

VS 8

75333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 August Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora A. Adams

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Walter Webb Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): About 1865

8. AGE: Years: About 75 | Months | Days | If less than one day: hr. min.

9. Birthplace: Randolph, Massachusetts (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Henry Littlefield
13. Birthplace: England

MOTHER
14. Maiden Name: Mary Iveson
15. Birthplace: England

16 (a) Informant: Mrs. Clarence S. Kessler
(b) Address: Hopkins Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory: Pomfret Centre
Location: Pomfret, Connecticut

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) DEC 11 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11 1940, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1940 to 12-11- 1940, and that I last saw her alive on 12-10 1940.

	Duration
Immediate cause of death: Cardiac hemorrhage	8d
Due to: Degen C V Dis	
Due to: Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Parker M. D.
Address 4 Cypress Hosp Date signed 12/11

VS 8

75334

BALTIMORE CITY HEALTH DEPARTMENT

LH 5557 **CERTIFICATE OF DEATH** 93-D ✓ Registered No. E 75334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1432 Monteplier St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie L Louis (Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1851

8. AGE: Years	Months	Days	If less than one day
89	5	29	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Phillip Link
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Schmidt
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 13 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt Street

DEC 11 1940
(Date rec'd by registrar)

Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 10 - 1940, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 7 - 1933 to 12 - 10 - 1940, and that I last saw h-- alive on 12 - 10 - 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertension & A.S. Heart Dis	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Gen. A. S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frederick Lehner M. D.
Address Balto City Hosp Date signed 12-12-40

VS 3

F 75335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 75335 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1911 Harford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Alfred Myers Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6713

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct about 1877

8. AGE: Years	Months	Days	If less than one day
63	1	23	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Stewart & Co

FATHER
12. Name James Alfred Myers
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Johanna T. Burke
15. Birthplace Balto Md.

16 (a) Informant Marie F. Crouse
(b) Address 1403 John St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 2217 E. Pratt St.

19 DEC 11 1940 Huntington Williams M.D.
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9/1940, at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/40 1940 to 12/9/40 1940, and that I last saw h alive on 12/9 1940.

Immediate cause of death	Duration unknown
Cerebral Vascular Disease	
Due to Hypertension Cerebral Vascular Disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Miller Mackenzie M. D.
Address St Josephs Hosp Date signed 12/9/40

75336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 A

Registered No. 75336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Homewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Crooks

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	n in c	Male	White	Widow

6 (b) Name of husband or wife Margaret Crooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1862

8. AGE: Years	Months	Days	If less than one day
78	1	2	hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation Housekeeper retired
11. Industry or business

FATHER — 12. Name	Nelson Crooks
FATHER — 13. Birthplace	Carroll Co Md
MOTHER — 14. Maiden Name	Saunder Williams
MOTHER — 15. Birthplace	Carroll Co Md

16 (a) Informant Miss Emma Crooks
(b) Address 1910 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Roslyn
Location Roslyn Balto Co Md

18 (a) Funeral director William Cook
(b) Address 1617 St Paul Street
(c) Huntington Williams M.D.

DEC 11 1940
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22, 1940, to Dec. 10, 1940, and that I last saw him alive on Dec 9, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Locomotor Ataxia	
Due to	
Other Conditions No.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh Forsythe M. D.
Address 424 E. North Ave Date signed 12-11-40

VS 3

25337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-D Registered No. F 75337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County St Mary's
(c) City or town Abell (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine L Raley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 1938

8. AGE: Years 2 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Abell Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dennis Raley
13. Birthplace Blackstone Va.

MOTHER
14. Maiden Name Evelyn Bailey
15. Birthplace Abell, Md

16 (a) Informant Mother
(b) Address Abell, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/11/40 (month) (day) (year)

(c) Cemetery or crematory
Location Abell Md

18 (a) Funeral director Geo A Starling
(b) Address Fulton & Fayette

19 (a) Received (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1940, at 10 E PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940 to 12-10 1940, and that I last saw h[illegible] alive on 12-10 1940.

Immediate cause of death - Malnutrition
2 bilateral & massive
pulmonary collapse

Due to -

Due to - Foreign body in
Larynx

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Left lung collapsed

Duration
14 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 9/29/40
(c) Where did injury occur? Abell, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Swallowed grass & corn

23. Signature [illegible] Freeman D
Address Mercy Hosp. Date signed 12-20-40

F 75338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75338 / 459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St & 33rd
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Frostburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 166 Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Davis

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Sylvester Davis
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 16, 1889

8. AGE: Years	Months	Days	If less than one day
51	6	25	____ hr. ____ min.

9. Birthplace Denver Colo
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Harry Fiter
13. Birthplace ?

MOTHER
14. Maiden Name Martha Green
15. Birthplace Pa.

16 (a) Informant Hospital Chart
(b) Address U M Hc

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory Frostburg Md.
Location Allegany Co. Md.

18 (a) Funeral director John O Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) DEC 19 1940 (Date received by Local Registrar) (b) Hartley H. Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940 to Dec 11 1940, and that I last saw her alive on Dec 11 1940.

Immediate cause of death Post operative Shock following evacuation of bone tumor of jaw 12-11-40 — Duration ____
Due to Bone Tumor of Jaw — Duration ____
Due to ____ — Duration ____
Other Conditions ____ — Duration ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Bone tumor of jaw
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Theodore B. Strange M. D.
Address Union Memorial Hosp. Date signed 12-11-40

F 75339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 W. Hamilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 W Hamilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hester Ewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
90	1	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Johnson

13. Birthplace Md

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Walter Ward

(b) Address 223 W Hamilton St

17 (a) Burial (b) Date thereof 12/12/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Isaac L Brown Son

(b) Address 108 W Montgomery St

DEC 12 1940 (b) Hester Ewell Williams M.D.
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 8 1940, and that I last saw her alive on Dec 8 1940.

Immediate cause of death	Duration
Uremia	2 days
Due to Chronic Interstitial Nephritis	?
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D H Hamill M.D.

Address 665 W Baltimore Date signed 12/11/40

VS 1

F 75340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 75340

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address 1019 South Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 S. Howard St
(If rural give location)
(e) If foreign born, how long in U. S. A.) ✓ years

3 (a) FULL NAME Hattie Brooks

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Johnson Brooks

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 44 Months — Days — If less than one day hr. — min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business ✓

MOTHER / FATHER

12. Name Unknown

13. Birthplace Georgia

14. Maiden Name Unknown

15. Birthplace Georgia

16 (a) Informant Johnson Brooks Sr

(b) Address 1019 S Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary St

Location A A Co Md

18 (a) Funeral director David L Brownstein

(b) Address 1400 Montgomery St

DEC 12 1940 (Date rec'd by registrar)

(b) Huntingtn Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 — 9 — 1940 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940 to Dec 9 1940 and that I last saw h[illegible] alive on Dec 9 1940.

Immediate cause of death

Chronic Nephritis

Due to ✓

Due to ✓

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James C. Carper M. D.

Address 1016 E. Preston St Date signed 12-11-40

VS 1

Physicians: please write the causes of death clearly and legibly.

75341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 75341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #4 N. Culver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Culver St (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Mrs Carrie Rosa Flick

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter Flick, Sr.

6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.) 9/4/98

8. AGE: Years 42 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Eck
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth Flitch
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Walter Flick
(b) Address 4 N. Culver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location Dyer and Cor

18 (a) Funeral director Joseph Hammaker Sr
(b) Address 640 Washington Blvd

19 (a) (b) Hunting & Williams

Dec 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11/40 19 1 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19/40 19 to 12/11/40 19, and that I last saw h[illegible] alive on 12/11/40 19

Immediate cause of death: Cerebral Thrombosis
Bronchopneumonia — Duration: 3 days, 2 days
Due to
Due to
Other Conditions Hypertension Cardio Vascular-renal Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dennis M. Lyon
Address 3526 Edmondson Ave Date signed 12/11/40

F

F 75342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Lehigh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Lehigh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie (or) Lillian May Creamer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: John W. Creamer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 18 1879

8. AGE: Years	Months	Days	If less than one day
61	8	22	hr. min.

9. Birthplace: Balto County (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: Jacob Warner
13. Birthplace: Balto. County

MOTHER
14. Maiden Name: Catherine ?
15. Birthplace: Balto.

16 (a) Informant: Lloyd L. Creamer
(b) Address: 606 Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 14 40 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Rd.

18 (a) Funeral director: Martin K. E. Zippel
(b) Address: 37 S. Green St.

19 (a) Filed DEC 12 1940 (b) Registrar: Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1940 to Dec. 10 1940, and that I last saw h[illegible] alive on Dec. 10 1940

Immediate cause of death: Cerebral Hemorrhage — Duration
Hypertensive Cardio-Renal Disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. K. Zippel
Address 352 E Eastern Ave Date signed 12/10/40 M. D.

VS 2

F 75343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hopman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S Belnard Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Michael Pilarski

3 (b) If veteran, name war No

3 (c) Social Security Account No. 220-09-0482

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Food Packing

11. Industry or business Mc Grath Co.

FATHER
12. Name Michael Pilarski
13. Birthplace Poland.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Poland

16 (a) Informant Frank Pilarski
(b) Address 1747 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 13 40 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM.
Location GERMAN HILL RD

18 (a) Funeral director MARTIN W. E. DIPPEL
(b) Address LOMBARD AND ANN STS.

19 (a) DEC 12 1940 Monterey Ave Baltimore, Md.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at 7 09 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 10 1940, and that I last saw him alive on Dec 9 1940.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Chr Myocarditis	
Due to Terminal Bronchopneumonia	Dec 1-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Pilchmenok M. D.
Address 842 S. Ensor St Date signed 12-10-40

F 75344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MH 61744 — 95-B — F 75344 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Pizza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1906

8. AGE: Years	Months	Days	If less than one day
34		18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City employee

FATHER
12. Name Anthony
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Marano
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 14 90 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Belair Rd.

18 (a) Funeral director Martin E. Duppel
(b) Address 37 S. Amity St.

19 (a) (Date received by registrar) (b) Registrar

DEC 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11-1940 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-1940 to 12-11-1940 and that I last saw him alive on 12-11-1940

Immediate cause of death: Cardiac Failure — Duration: 7
Due to: Rheum. Ht. Dis. — 7
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel Lafazanis M. D.
Address Balto City Hosp. Date signed 12-11-40

75345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balt. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 66 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 S. Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Blanton Orndorff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mary Orndorff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1876

8. AGE: Years 64 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Farmer - Retired

11. Industry or business

FATHER 12. Name Benjamin Orndorff
13. Birthplace Virginia

MOTHER 14. Maiden Name Mary Orndorff
15. Birthplace Virginia.

16 (a) Informant Mr. Preston Orndorff
(b) Address 1011 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Church Cem.
Location Mt. Williams, Va.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) DEC 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1940 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940 to 12-10 1940 and that I last saw h alive on 12-10 1940.

Immediate cause of death: Arteriosclerotic heart disease — Duration: 10 yrs

Due to

Due to

Other Conditions: Diabetes mellitus — Duration: 3

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Scott M. D.
Address W. B. G. H. Date signed 12/10/40

Typewriter: please write the causes of death clearly and legibly.

F 75346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-F 75346 Registered No.

Please write the causes of death clearly and legibly. The ... carefully supplied. The ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 11 da 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Thomas H. Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-2856

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 24, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	15	... hr. ... min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Thomas Boyd
13. Birthplace Howard County

MOTHER
14. Maiden Name Sallie Williams
15. Birthplace Howard Co. Md.

16 (a) Informant Gordon Boyd
(b) Address 1415 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

DEC 12 1940 Huntington Hilleary, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940, to Dec. 9 1940, and that I last saw h[im] alive on Dec. 9 1940.

Immediate cause of death	Duration
Perforation	2 days
Due to Pulmonary Embolism	
Due to Partial Gastrectomy	11/16/40
Other Conditions Gastric Ulcer & Stasis	

(Include pregnancy within 3 months of death)

Major findings: Of operations Pylorus Stenosis Pylorus-Duodenal Ulcer
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Leonard Higgins, M.D.
Address 2242 Madison Ave Date signed 12/11/40

F 75347 61845 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-C

F 75347 Registered No.

Please write plainly with pen or pencil. Information should be carefully supplied. The co-operation of physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Myrtle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Hall Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1902

8. AGE: Years	Months	Days	If less than one day
38	5	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Hall (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Fisher
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Oella, Md.

18 (a) Funeral director Mrs Kate R. Williams
(b) Address [illegible] Lombard St

19 (a) (Date rec'd by registrar) (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 1940, at 5.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25-1940, to 12-9-1940 and that I last saw h[illegible] alive on 12-9-1940.

Immediate cause of death	Duration
Bronchopneumonia	?
Cerebral Thrombosis	?
Due to Hemiplegia Complete	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 12-10-40

VS 3

BUNN

F 75348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-a

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. 1064 W. Fayette St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Culpepper Bunn.

If U. S. Veteran specify WAR

(a) Residence: No. 1064 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced, (Write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of William Bunn

6. DATE OF BIRTH (month, day, year): 6/13/1877

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General House Work

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Rocky Mount N. C.

FATHER

13. NAME: Jonah Harrison.

14. BIRTHPLACE (city or town) (State or country): Rocky Mount N. C.

MOTHER

15. MAIDEN NAME: Della Z.

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Essie Reed 1064 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place W. C. Cemetery Date 12-12, 1940

19. UNDERTAKER: Mrs. Katie P. Williams

(Address) 322 N. Schroeder St.

20. FILED DEC 12 1940 Huntington Wilson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/8/40

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 40 to Dec. 8th 40

I last saw h[illegible] alive on Dec. 8th 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemi-Plegia or Paralysis.	11/27/40
Other contributory conditions: Interstitial Nephritis and Hypertension	5

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Bunn M. D.

(Address) 622 Darlington Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 75349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME John P. Murr

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Lat Sallie Warner Murr | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1875

8. AGE: Years 65 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Sheet metal worker

11. Industry or business Bartlett, Hayward Co

FATHER
12. Name Robt. Murr
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Thomas
15. Birthplace Germany

16 (a) Informant Mrs. Elsie Murr
(b) Address 413 S. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitten
(b) Address 4101 Edmondson Ave

19 DEC 12 1940 (b) [illegible] Registrar
Harry H. Mitten, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1934 to Dec 9 1940 and that I last saw h alive on Dec. 9 1940.

Immediate cause of death	Duration
Pulmonary hypertension	6 yrs
Due to Bronchial asthma	
Due to	
Other Conditions Aortic regurgitative failure of heart	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD
Address 2020 Wilkens Ave Date signed 12/12/40 M. D.

F 75350

BH 41834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 75350

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr-10 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 424 Hanover St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alphus Anspacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ~~XXXXXX~~ Lizzie Anspacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1, 1872

8. AGE: Years 68 ? Months 2 Days 10 If less than one day hr. min.

9. Birthplace York County, Pa. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Valentine

13. Birthplace Pa.

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (month) (day) (year)

(c) Cemetery or crematory Fissel's Cem

Location New Freedom, Pa.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Aves.

19 (a) (Date received by Registrar) DEC 13 1940 (b) Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11 1940 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1940 to 12/11 1940 that I last saw him alive on 12/11 1940.

	Duration
Immediate cause of death: Diabetes mellitus	?
Due to: Gangrene of foot	2 mo.
Due to: Post operative infection of amputation stump	3 wks
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings: Of operations 11/16/40 - gangrene of foot

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Gephart Jr.

Address Baltimore City Hosp. Date signed 12/11/40

Please write the causes of death clearly and legibly. The

75351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 75351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mercy Hospital
(b) Street address W. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County York
(c) City or town Red Lion
(If outside city or town limits, write RURAL and give town)
(d) Street No. 262 N. Main St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Mayers

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-8918

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Edythe Mayers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1888

8. AGE: Years	Months	Days	If less than one day
52	7	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Railroad Agent
11. Industry or business R.R. Co.

FATHER
12. Name Charles Mayers
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Cramer
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)
(c) Cemetery or crematory
Location Red Lion - Pa.

18 (a) Funeral director Wm. J. Zeiser & Sons
(b) Address Main & Pine Aves.

DEC 12 1940 (Date received by Registrar) (b) Huntington Mitinger, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1940, at 8 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1940, to Dec 12 1940, and that I last saw h alive on Dec 11 1940.

Immediate cause of death: Coronary Occlusion — Duration: 26 hrs.
Due to
Due to
Other Conditions Arteria-Sclerotic Cardio-vascular disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Burns Hollander Jr. M. D.
Address 2937 N. Charles Date signed 12/12/40

F 75352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-BF 75352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Clifton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Baird Tew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Gustavas G. Tew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/59

8. AGE: Years	Months	Days	If less than one day
81	8	28	hr. min.

9. Birthplace Ballymena, Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Baird
13. Birthplace Ireland

MOTHER
14. Maiden Name Fanny Shane
15. Birthplace Ireland

16 (a) Informant Mrs. Florence White
(b) Address 3501 Brook Rd. Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (b) Registrar
Huntington Williams, M.D.
DEC 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1940, at 1.10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Dec. 10 1940
and that I last saw her alive on Dec 9 1940

Immediate cause of death
Dehydration -
Due to Refusal to take liquids — Duration: 7 days
Due to
Other Conditions Senility - general atrophy — Duration: 4 years
Sclerosis - Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward W. Baetzer M. D.
Address Medical Arts Bldg. Date signed 12-11-1940

Vs 3

Please write the causes of death clearly and legibly.

F 75353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75353 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 627 W Lafayette St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 W Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM WALTHALL

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col-ed	married

6 (b) Name of husband or wife Dolly Walthall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Nottoway Co. Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Walthal
13. Birthplace Nottoway Co Va.

MOTHER
14. Maiden Name Jane Epps
15. Birthplace Nottoway Co. Va

16 (a) Informant Jane Carter
(b) Address 1015 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) Dec 12 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1940, at 10 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death

Due to Intracranial hemorrhage per stroke

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams for Medical Examiner. M.D.
Date signed 12-10-40

75354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 75354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian M. Letmate

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM.	WHITE	MARRIED

6 (b) Name of husband or wife William F Letmate

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 11th 1887

8. AGE: Years	Months	Days	If less than one day
53	7	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business —

FATHER
12. Name William. Whetzel
13. Birthplace Germany.

MOTHER
14. Maiden Name ? McLean
15. Birthplace Germany.

16 (a) Informant William F Letmate
(b) Address 1007 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director Mrs Chas A.G. Rohde
(b) Address 2327 Edmondson Ave.

DEC 12 1940

(Date received) (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11th 1940, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4th 1940 to Dec 11th 1940 and that I last saw her alive on Dec 2 1940

Immediate cause of death Coronary Thrombosis — Duration 7 hrs

Due to Hypertension — 1 yr

Due to My Condition. — 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Hawkins

Address 1007 Hollins St Date signed Dec 12 1940

F 75355

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

F 75355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County -------
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 ROLAND AVENUE (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME CHARLES MORAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Married

6 (b) Name of husband or wife Adele Leonard
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) FEB. 12, 1857

8. AGE: Years	Months	Days	If less than one day
83	9	29	..... hr. ..... min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation PHARMACIST
11. Industry or business

FATHER
12. Name EDWARD MORAN
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARGARET ------
15. Birthplace -------

16 (a) Informant Mrs. Aquilla Jackson
(b) Address 4802 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) DEC 12 1940 (Local registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 11 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1940, to Dec. 11 1940, and that I last saw him alive on Dec. 11, 1940.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to .....

Other Conditions DIABETES MELLITUS

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Lambrecht, M. D.
Address Union Memorial Hosp. Date signed 12/11/40

Please write the causes of death clearly and legibly. The information should be carefully supplied. The physicians: please write the causes of death clearly and legibly.

75356

BALTIMORE CITY HEALTH DEPARTMENT 48-B ✓ E 75356

CERTIFICATE OF DEATH

Registered No. 75356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 E North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Agatha Nevin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/22/1879

8. AGE: Years	Months	Days	If less than one day
61	1	20	— hr. — min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Nurse.

11. Industry or business

FATHER
12. Name Thomas E Nevin
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Farrell
15. Birthplace Baltimore Md

16 (a) Informant Miss Margaret Nevin
(b) Address 702 E Northave

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director John J Tobin Sons
(b) Address 1318 Light St.

19 DEC 12 1940 (Date city duly notified) (H. Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940 at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940 to Dec 12 1940 and that I last saw h alive on Dec 11 1940.

Immediate cause of death Carcinoma of Uterus

Due to Jaundice Heart Lesion ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration Oct 1939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald J Tobin M.D.
Address 414 E. North Ave. Date signed Dec 13/40

VS 3

Please write the causes of death clearly and legibly.

F 75357 F 75357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 123-150 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 Pennsylvania Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Harcum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/1924

8. AGE: Years	Months	Days	If less than one day
16	0	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Philip Harcum
13. Birthplace Virginia

MOTHER
14. Maiden Name Florinda Curry
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940, at 6 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940, to Dec. 10 1940, and that I last saw her alive on Dec. 10 1940.

Immediate cause of death	Duration
Generalized peritonitis	4 wks.
Bronchopneumonia	
Due to Perforation of bowel	4½ wks.
Ruptured appendix ?	?
Due to	
Other Conditions Pregnancy, delivered	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforation of small bowel
Generalized peritonitis
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr.
Address Baltimore City Hospitals Date signed 1/11/41 M. D.

75358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P

F 75358

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 517 N. Biddle St.

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 517 N. Biddle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Anderson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden Name Not known

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)

(c) Cemetery or crematory Laurel Cem.

Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hinsley

(b) Address 578 S. Broadway

19 (a) [illegible] (Signature of registrar) Hunting Ed Williams, M.D. Registrar

DEC 13 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 — 1940, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 — 1940, to Dec 11-1940 and that I last saw h[illegible] alive on Dec 9 — 1940.

Immediate cause of death Cer. Vascular Renal disease — Duration 10 yrs

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. J. Keller M. D.

Address 722 N. Monument Date signed Dec 12-40

F 75359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-42 F 75359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Hours
(e) Length of stay in Baltimore (yrs., mos., or days) 36 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt. Co.
(c) City or town Corbett
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth B Passano

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Louis J. Passano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1849

8. AGE: Years	Months	Days	If less than one day
91	9	11	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Homemaker
11. Industry or business

FATHER
12. Name Nicholas Burch
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Coolsey
15. Birthplace Baltimore

16 (a) Informant Mrs. E. K. Talley
(b) Address Corbett

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1940 (month) (day) (year)
(c) Cemetery or crematory St. James
Location Middleton, Md

18 (a) Funeral director London M. Brooks
(b) Address Sparks, Md.

19 (a) (Undertaker) (b) Hagerstown, Md.

DEC 13 1940
VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13, 1940, at 3:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11, 1940, to Dec 13 1940, and that I last saw her alive on Dec 13 1940

Immediate cause of death	Duration
Strangulated Inguinal Hernia, Rt	
Due to	
Due to	
Other Conditions Senescence Arteriosclerosis Myocardial insufficiency (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated Inguinal Hernia, Rt.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William E. Langsdorf M. D.
Address Md. General Hosp. Date signed 12/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 75360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 75360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Pennsylvania
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. COLEMAN

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife Florence Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	7	hr. min.

9. Birthplace Brownsburg, Virginia
(Town, county, and state)
10. Usual Occupation Waiter - odd jobs
11. Industry or business

FATHER
12. Name Jackson Coleman
13. Birthplace Virginia

MOTHER
14. Maiden Name [redacted] Julia ?
15. Birthplace Virginia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore City

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) DEC 13 1940 (b) Huntingtown Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1940 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1940 to Dec. 11 1940, and that I last saw him alive on Dec. 11, 1940

Immediate cause of death	Duration
Miliary and caseous tuberculosis of lungs	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address U.S.Marine Hospital, Wyman Park Drive and 31 St., Baltimore, Md. Date signed 12/11/40

F 75361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

Registered No. F 75361

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

0592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Race St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Race St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. W P A

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Carrie Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1886

8. AGE: Years 54 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Essex Co - Va.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business W P A

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Sarah Stewart
15. Birthplace Essex Co - Va

16 (a) Informant Carrie Stewart
(b) Address 1115 Race St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B.A. Co. Md

18 (a) Funeral director Isaiah R. Brown Son
(b) Address 1015 W Monroe St

19 (a) (Date received by local registrar) (b) Registrar's No.

DEC 13 1940

Huntington Avenue

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1940 to 12/10 1940 and that I last saw h[illegible] alive on 12/1 1940.

Immediate cause of death Coronary Thrombosis

Due to Chronic myocarditis arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Crawley, M. D.

Address 224 W Lee Date signed 12/12/40

F 75362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 75362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 W. Hennetta St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Hennetta St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melina Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col	W Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 - 17 - 1885

8. AGE: Years	Months	Days	If less than one day
55	3	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Melina Carter
15. Birthplace Va.

16 (a) Informant Louisa Rogers
(b) Address 205 W Hennetta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b) Registrar

DEC 13 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1940, at 5:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Dec 9 1940, and that I last saw her alive on Dec 7 1940

Immediate cause of death
Lobar Pneumonia — Duration 4 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D.H. Carroll M. D.
Address 665 W. Baltimore St Date signed 12/13/40

14 F 75363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 F 75363 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Loudon Ave & Madison St.
(c) Hospital or institution: Mansfield Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 35 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 Belmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

167

3 (a) FULL NAME Baby Boy Legg.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1940

8. AGE: Years	Months	Days	If less than one day
0		1	11 hr. 50 min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William H Legg
13. Birthplace 3211 Belmont Ave.

MOTHER
14. Maiden Name Dorothy M Coolridge
15. Birthplace 3211 Belmont Ave.

16 (a) Informant Mother
(b) Address 3812 Hilldale Rd

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof DEC 13 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Little
(b) Address 2708 EDMONDSON AVE.

19 (a) ____ (Local registrar) (b) Hunting Town, Williams, Md. Registrar

DEC 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940 at 2 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1940, to 12-13 1940, and that I last saw h[illegible] alive on 12-12-1940.

Immediate cause of death: Premature birth — Duration
Due to: Premature labor
Due to: Placenta Praevia.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther B Markwardt Jr. M. D.
Address Mt Hem Hosp Date signed 12-13-40

F 75364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 N. Montford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 N. Montford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Wicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth Wicks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1873

8. AGE: Years 67 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business Self

FATHER
12. Name Wilhelm Wicks
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant J. Wallace Wicks
(b) Address 1214 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location North Ave

18 (a) Funeral director John C. Miller, Inc
(b) Address 2435 E. Oliver St

19 (a) [illegible] Huntingtop Williams, Md

DEC 13 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14, 1940, to Dec. 12, 1940, and that I last saw him alive on Dec. 10, 1940.

Immediate cause of death: Coronary occlusion. — Duration: 1 Mo.

Due to:

Due to:

Other Conditions: Chronic Myocarditis 1 Yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Fitzgerald M. D.
Address 613 E. North Ave Date signed 12-13-40

F 75365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75365 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town ~~Westminster~~ New Windsor
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Edward DORSEY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Letsie Murdock

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 5, 1888

8. AGE: Years 52 | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Westminster, Maryland.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Dorsey
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgianna Barnes
15. Birthplace Maryland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-40 (month) (day) (year)
(c) Cemetery or crematory Fairview Cemetery
Location Near New Windsor, Md.

18 (a) Funeral director D. D. Shaffer Son
(b) Address New Windsor, Md.

(a) (Date) DEC 13 1940 (Registrar) (b) ..... Registrar
Hunting Town Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1940 at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10, 1940 to Dec. 12, 1940, and that I last saw him alive on Dec. 12, 1940

Immediate cause of death: Arteriosclerotic heart disease — Duration: Unknown

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature T. M. H. Anderson, M.D.
Address U.S.Marine Hospital, Baltimore, Md. Date signed 12/12/40

F 75366

F 75366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 230 S. Durham St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 230 S Durham St (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years years

3 (a) FULL NAME Wladyslaw Kuchta

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophia Kuchta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Kuchta

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name

MOTHER 15. Birthplace Germany

16 (a) Informant Mary Robinson

16 (b) Address 2004 Sparks Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-40 (month) (day) (year)

17 (c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W. Ozazewski

18 (b) Address 1930 Eastern Ave

19 (a) DEC 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Dec 12 1940. and that I last saw h[illegible] alive on Dec 12 1940.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: myocardial degeneration and senile arteriosclerosis	6 mos.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature G. F. Ries M. D.

Address 24 S Bway Date signed Dec 13/40

VS 3

Huntington Williams, M.D.

F 75367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64 ✓ Registered No. F 75367

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold Hightower

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 25, 1940

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Adams
13. Birthplace Unknown

MOTHER
14. Maiden Name Lilian Hightower
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Hightower
(b) Address 1030 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott's Daughter
(b) Address 1129 N. Caroline St.

19 (a) DEC 13 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940 at 7 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Edema	
Enlarged Thymus.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vandersall M.D. Medical Examiner.
Date signed 12/10/40

VS 6

F 75368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-e

Registered No. F 75368

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 W 36th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 W 36th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE SHIPE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-16-8958

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife Lulu Shipe
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 28, 1877

8. AGE: Years	Months	Days	If less than one day
63	5	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Tool Dresser
11. Industry or business Stone Quarry.

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Mollie Shipe
15. Birthplace Va.

16 (a) Informant Mrs. Lulu Shipe
(b) Address 1503 W. 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel, Md.

18 (a) Funeral director Ridgley & Selby.
(b) Address Laurel, Md.

19 (a) (Signature and title) (b) Huntington Williams M.D.

DEC 13 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration:
Due to: Suicide
Due to: mental depression
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: Dec 12, 1940
(c) Where did injury occur? 1503 W 36th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury: Revolver

23. Signature H & L Williamsburg M.D. (Medical Examiner)
Date signed 12-12-40

F 75369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 75369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 N. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N. Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Joseph Strailman

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-09-4583

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Strailman
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Jan 18 1893

8. AGE: Years 47 | Months 10 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Furniture Store

FATHER
12. Name Marion Y. Strailman
13. Birthplace Frederick - Md.

MOTHER
14. Maiden Name Mary Bosnell
15. Birthplace Frederick Md.

16 (a) Informant Mary E. Strailman
(b) Address 1421 N. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Hoodland Md

18 (a) Funeral director Jno. H. M. Watkins
(b) Address 220 N. Schroeder St.

19 (a) (Signature and address of informant) (b) Lexington Mill Mayfield

DEC 13 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10th 1940 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to 12/10 1940 and that I last saw h alive on 12/10 1940

Immediate cause of death Carcinoma of Lung
Due to Bronchogenic
Due to
Other Conditions Chronic Endocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Trawlen M. D.
Address 1224 Lee Date signed 12/11/40

75370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75370 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4208 Massachusetts Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4208 Massachusetts Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 + 6

3 (a) FULL NAME Elsie Maude Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1880

8. AGE: Years	Months	Days	If less than one day
60	3	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John E. Crawford
13. Birthplace Cambridge, Maryland

MOTHER 14. Maiden Name Ida Mansfield
15. Birthplace Maryland

16 (a) Informant Mrs. Mary A. Kniss
(b) Address 4208 Massachusetts Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director
(b) Address 1007 W. Baltimore Street

DEC 13 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1940, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1940, to Dec. 11 1940, and that I last saw her alive on Dec. 10 1940

Immediate cause of death Acute cardiac insufficiency — Duration 1 week

Due to Pulmonary tuberculosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knipp M. D.
Address 3039 Edmondson Avenue Date signed Dec. 11

VS 2

F 75371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75371

Registered No. 3698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Lafayette ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Ball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. Ball

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1886

8. AGE: Years 54 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Own home

FATHER
12. Name unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name Hanna Jackson
15. Birthplace Virginia

16 (a) Informant Ora Faye Ball
(b) Address 1404 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ (month) / 40 (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Pleasant St

19 (a) (Date received by registrar) (b) Registrar

Dec 13 1940 Washington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13-1940 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from: 12-1-1940 to 12-13-1940 and that I last saw her alive on 12-12-1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 weeks
Due to: Hypertension and
Due to: arteriosclerosis — Duration: Unknown
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Thos. J. Saunders
Address 1029 N. Stricker St. Date signed M. 12 D. 17-40

F 75372

89852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 54-a

F 75372 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town PALMYRA (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 N. RAILROAD ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 155-03-7484

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2[illegible]-03

8. AGE: Years	Months	Days	If less than one day
37	9	11	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation DRIVER

11. Industry or business

FATHER
12. Name C H Smith
13. Birthplace PA.

MOTHER
14. Maiden Name EMMA Shiffler
15. Birthplace PA.

16 (a) Informant RECORDS
(b) Address JOHNS-HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 1940 (month) (day) (year)
(c) Cemetery or crematory Gravel Hill
Location Lebanon Co. Penna.

18 (a) Funeral director John B. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) (Registrar) (b) Hunting ton Williams, M.D. (Registrar)

DEC 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940, to Dec 13 1940, and that I last saw HIM alive on Dec 13 1940

Immediate cause of death	Duration
Pneumonia, Left Lung	2 days
Due to ? anesthesia	
Due to	
Other Conditions. glioma (malignant) right frontal Lobe (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations glioma right frontal Lobe.
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. M. J. Obermeyer M. D.
Address J. H. H. Date signed 12/11/40

75373
61672 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 75373
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Orleans street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/5/1889

8. AGE: Years	Months	Days	If less than one day
51	11	6	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sippley Millard
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 /40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville

18 (a) Funeral director Edward O Wilson
(b) Address 1000 Bradley Ave

19 (a) (Name of local registrar) Huntington Williams M.D.
(b) DEC 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11-1940, at 4.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7-1940, to 12-11-1940 and that I last saw h-- alive on 12-11-1940

Immediate cause of death — Duration
Streptococcus septicemia — 3 Days
a Pyoarthrosis
Due to Acute Lymphatic anemia — 12 Days
due to, Malignant neoplasm
Due to Diabetes mellitus — 15 yrs
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pyoarthrosis, Jaundice of tissues

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Maurice Rabb
Address Balto City Hosp Date signed 12-12-40 M. D.

VS 2

F 75374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 112

Registered No. F 75374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 836 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 Warner St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Mammie Brown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Mace Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy ?
15. Birthplace Maryland

16 (a) Informant Wm. Knight
(b) Address 2319 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)
(c) Cemetery or crematory Rugier Redemptorists
Location Calvert Co. Md.

18 (a) Funeral director Mrs Frances A. Stansbury
(b) Address 578 N. Bridge St

19 DEC 13 1940 (b) Huntington Williams M.D.
(Registrar) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Bronchial Asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Kirkpatrick M.D.
Medical Examiner.
Date signed 12/11/40

75375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940-A

Registered No. F 75375

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Preasman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 339 Preasman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1896

8. AGE: Years 44 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wm. Blackwell
13. Birthplace Va

MOTHER
14. Maiden Name Hannah Thomas
15. Birthplace Va

16 (a) Informant Josephine Curry
(b) Address 1509 Bloom St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-14-40 (month) (day) (year)

(c) Cemetery or crematory
Location Fredericksburg Va.

18 (a) Funeral director Mrs Frances A. Stanley
(b) Address 578 N. Biddle St

19 DEC 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1940, at 10:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsick M.D. (Medical Examiner)

Date signed 12/12/40

F 75376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 75376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 534 N. Carey St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 534 N. Carey St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Blair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7. 1870

8. AGE: Years 70 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Not known

13. Birthplace "

MOTHER 14. Maiden Name Not known

15. Birthplace "

16 (a) Informant Mary Reynolds

(b) Address 534 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.14.40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director Md. Frazier A. Hunley

(b) Address 578 N. Bedford St.

19 (a) DEC 13 1940 (Date received by registrar) (b) Flemington for Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/40 to 12/9/40 and that I last saw h[illegible] alive on 12/9/1940.

Immediate cause of death Pneumonia

Duration (5 days)

Due to Influenza & Asthma

Due to Hypostatic

Other Conditions Cardiac Failure (NEURASTHENIA)

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 534 N. Carey St. Date signed

F 75377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-F 75377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1345 Eutaw St
(c) Hospital or institution At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
or Street No. 1345 Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Delia Nolan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edward J. Nolan
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 8, 1874

8. AGE: Years	Months	Days	If less than one day
66	0	4	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business at Home

FATHER
12. Name Patrick Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Roche
15. Birthplace Ireland

16 (a) Informant Mrs. Dennis J. Byrne
(b) Address 3114 Northern Park Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Catherdral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W Coppling Son
(b) Address 924 E Eager St.

19 (a) (Date received by Registrar) DEC 13 1940 (Signature of Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 Th, 1940 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1940, to Dec 12 1940, and that I last saw her alive on Dec 11 1940.

Immediate cause of death	Duration
Hypertensive Cardio Vascular Renal Disease	2
Due to Arterio Sclerosis	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph J. Byrne
Address 1126 E. Preston St Date signed Dec 16

F 75378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 75378

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Minerva Hare

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife George J. Hare
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 11 1875

8. AGE: Years	Months	Days	If less than one day
65	3	1	hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Peter Wilhelm
13. Birthplace Baltimore, Co. Md.

MOTHER
14. Maiden Name Georgia Murphy
15. Birthplace Baltimore, Co. Md.

16 (a) Informant Mr. George Hare
(b) Address 1630 Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15 1940 (month) (day) (year)
(c) Cemetery or crematory Salem U.B.
Location Nr. Hampstead Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 DEC 13 1940 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1940 to Dec 12 1940, and that I last saw h alive on Dec 12 1940.

Immediate cause of death — Duration

Due to Chron. Myocarditis — 1935

Due to Arthritis Deformans — 1935

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 N. North Ave Date signed 12/13/40

F 75379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 75379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Relay
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August M. Mayer

3 (b) If veteran, name war: None
3 (c) Social Security account No. None

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Mayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 17, 1877

8. AGE: Years 63 | Months 0 | Days 25 | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Contractor - Self
11. Industry or business Baltimore County

FATHER
12. Name George Mayer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Margaret Mayer
(b) Address Rolling Road, Relay, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ /40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) Filed (Date) DEC 13 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to Dec 12 1940,

and that I last saw him alive on Dec 12 1940.

Immediate cause of death Malignant Tumor of Spinal Cord & metastasis — Duration

Due to

Due to

Other Conditions Myelitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. Muse M. D.
Address St. Agnes Hosp. Date signed 12/13/40

F 75380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 75380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 E North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philippine Hughes

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1884

8. AGE: Years	Months	Days	If less than one day
56	1	29	hr. min.

9. Birthplace New York City, New York
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fred Heiser
13. Birthplace New York

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Viola Hughes
(b) Address 309 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b) Burial Permit for Williams H.P.

DEC 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1940, at 1:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Helmick M.D.
Medical Examiner
Date signed 12/13/40

F 75381

BALTIMORE CITY HEALTH DEPARTMENT 46-B

CERTIFICATE OF DEATH

Registered No. F 75381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) None

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town ~~Baltimore~~ Millersville (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Crain Highway (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Mr. William E. Wigley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Daisy C. Wigley (Nee Watkins)
6 (c) If alive, give age: 61 years
7. Birth date of deceased (mo., day, yr.): Sept 13, 1872
8. AGE: Years 68 | Months 2 | Days 29 | If less than one day ____ hr. ____ min.
9. Birthplace: Anne Arundel Co., Md. (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business: Own Farm

FATHER
12. Name: Mr. David J. Wigley
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Miss Alice M. Lee
15. Birthplace: Baltimore

16 (a) Informant: Mrs Wm E Wigley
(b) Address: Millersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/40 (month) (day) (year)
(c) Cemetery or crematory: Baldwin Memorial
Location: Anne Arundel Co.

18 (a) Funeral director: Thomas W. Singleton
(b) Address: Glen Burnie Md.

19. DEC 13 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11:45 AM 12/12 19 40 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 19 40 to 12/12 19 40, and that I last saw him alive on 12/12 19 40.

Immediate cause of death: Bronchio-pneumonia — Duration

Due to: Post-operative

Due to: Carcinoma of stomach with liver metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of stomach with metastases to liver

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frederick Thurston per MD M. D.
Address: Md General Hospital Date signed: 12/12/40

F 75382 F 75382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

Registered No. 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 Aliceanna St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Aliceanna St (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Victoria Naparstek

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 23, 1840

8. AGE: Years	Months	Days	If less than one day
99	11	22 21	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William Iwanski

13. Birthplace Poland

MOTHER 14. Maiden Name Katherine Bucek

15. Birthplace Poland

16 (a) Informant Martin Naparstek (Son)
(b) Address 1904 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (month) (day) (year)
(c) Cemetery or crematory St, Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

DEC 13 1940 (Date Rec'd by Registrar) Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 7 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 13 1940, and that I last saw him alive on Dec. 12 1940.

Immediate cause of death	Duration
Acute Pulmonary Oedema	2 days
Due to Chronic Cardio-vascular Renal	years
Due to	
Other Conditions Hypostatic Pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature O. F. Rice M. D.
Address 24 S. Broadway Date signed Dec 17/40

75383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 75383
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Inglewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Inglewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-1

3 (a) FULL NAME Frederick M. Seufert

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4-1891

8. AGE: Years	Months	Days	If less than one day
49	3	7	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Balto Sun Papers

FATHER
12. Name John Seufert
13. Birthplace Balto Md

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Marie Seufert
(b) Address 2912 Inglewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Rucks
(b) Address 5305 Harford Rd

19 DEC 13 1940 Huntington Williams, M.D.
(Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11 1940 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940 to Dec. 11 1940 and that I last saw h alive on Dec. 11 1940.

Immediate cause of death Pulmonary tuberculosis — Duration 7 mo?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alesse M. D.
Address 6217 Harford Rd Date signed 12/14/40

75384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 75384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 3708 - S. Broadway (If rural give location)

(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Anna Rybka or Rybkea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife M. Rybka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name not known

13. Birthplace Russian

MOTHER 14. Maiden Name not known

15. Birthplace Russian

16 (a) Informant John Rybka

(b) Address 708 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14/1940 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Anne Arundle County

18 (a) Funeral director John A. Gretkiewicz Jr

(b) Address 423 S. Para Street

19 DEC 13 1940 Huntington Williams M.D. (Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11, 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940 to Dec 11 1940 and that I last saw h[illegible] alive on Dec 11 1940

Immediate cause of death Bronchial Pneumonia — Duration 1

Due to Emphysema gallbladder

Due to Osteogenic sarcoma of pubis over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Emphysema gallbladder

Of autopsy

PHYSICIAN (Underline the name to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature V B Raymond M. D.

Address Sinai Hospital Date signed Dec 11/40

75385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 75385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 Emerson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 Emerson St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathleen Elizabeth Dunigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 14, 1938

8. AGE: Years 2 | Months 4 | Days 28 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER

12. Name: Edward Dunigan

13. Birthplace: Maryland.

MOTHER

14. Maiden Name: Mystte Janet

15. Birthplace: Nebraska

16 (a) Informant: Edward Dunigan

(b) Address: 2520 Emerson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 14, 1940 (month) (day) (year)

(c) Cemetery or crematory: St Alphonsus

Location: Woodstock Md.

18 (a) Funeral director: Easton Sons

(b) Address: Ellicott City.

19 (a) Date received: DEC 13 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 1940, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1940 to Dec. 12 1940 and that I last saw h[illegible] alive on Dec 12 1940.

Immediate cause of death: La Grippe et Bronchitis — Duration: 5 days

Due to:

Due to:

Other Conditions: Bronchio pneumonia — Duration: 1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: ✓

(b) Date of occurrence: ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury: ✓

23. Signature: J. J. Lyons M. D.

Address: 332 Fremont Ave Date signed: 12-13-40

75386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 75386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 E 31st St (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME JEROME T STACK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Molly Brady

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years: About 65 | Months: --- | Days: -- | If less than one day: - hr -- min

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: ----

FATHER
12. Name: John Stack
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ellen Kelly
15. Birthplace: Hartford, Connecticut

16 (a) Informant: S. R. Mears
(b) Address: 805 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) DEC 13 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 5 35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions: Fracture, compound both legs (Include pregnancy within 3 months of death)

Major findings:
Of operations no Linear fracture of right parietal bone
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 13, 1940
(c) Where did injury occur? 33rd St & St Paul (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 12-13-40

VS 6

75387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/108

Registered No. E 75387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Edgevale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Edgevale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3 (a) FULL NAME Edward Church Regester

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Magruder
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 75			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Samuel W. Regester
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Clara Church
15. Birthplace Maryland

16 (a) Informant Mrs. Edna R. Harrison
(b) Address Homewood Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) DEC 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to Dec 12 1940.
and that I last saw h alive on Dec 12 1940

Immediate cause of death
Lobar pneumonia — Duration 8 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Florence M. Stitt
Address 2435 Maryland Ave Date signed 12/12/40

VS 3

75388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden & Madeira Sts.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Worthington Valley
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas J. Schellens

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie Schellens
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Sept 10 1878
8. AGE: Years 62 Months 3 Days 4 If less than one day ____ hr. ____ min.
9. Birthplace: Belgium (Town, county, and state)
10. Usual Occupation: Cook
11. Industry or business

FATHER
12. Name: Edward Schellens
13. Birthplace: Belgium

MOTHER
14. Maiden Name: Verbroom
15. Birthplace: Belgium

16 (a) Informant: Marie Schellens
(b) Address: Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Balto Co

18 (a) Funeral director: J. F. Ellerslaw Sons
(b) Address: Reisterstown Md.

DEC 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1940 to 12-14 1940, and that I last saw him alive on 12-14 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 17 hrs.
Due to: Hypertension and cardiovascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William R. Lampton M.D.
Address: Md. General Hosp. Date signed 12/14/40

VS 3

75389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 75389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1528 Eutaw Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1705 ~~Eutaw Place~~ Guilford Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. D. Mueller

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Charles R. Mueller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29th 1875

8. AGE: Years	Months	Days	If less than one day
65	5	13	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Dennis Driscoll

13. Birthplace Ireland

MOTHER

14. Maiden Name Agnes Berry

15. Birthplace Ireland

16 (a) Informant Charles Mueller Jr

(b) Address 3709 Nortonia Rd.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/14/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 DEC 14 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12th 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 40 to Dec 12 1940 and that I last saw h[illegible] alive on Dec 12 1940.

Immediate cause of death Status Epilepticus

Due to Chronic myocardial degeneration with decompensation

Due to Bronchial Pneumonia

Other Conditions Ulcer leg

(Include pregnancy within 3 months of death)

Duration
1 day
1 year
1 week

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William R Straight M. D.

Address 10 E Biddle Date signed 12/14/40

VS 3

F 75390

BALTIMORE CITY HEALTH DEPARTMENT 52-a

CERTIFICATE OF DEATH

F 75390 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mount Wash 1st & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 115
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Holbrook St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jay H. Harrel Sr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-07-9771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Clara L. Harrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 6, 1900

8. AGE: Years	Months	Days	If less than one day
40	3	6	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business

FATHER
12. Name Samuel T. Harrell
13. Birthplace Georgia

MOTHER
14. Maiden Name Ida Bird
15. Birthplace Georgia

16 (a) Informant Mrs. Clara L. Harrell
(b) Address 1702 Holbrook St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Milton Ave

18 (a) Funeral director Howard A. Bligh Jr.
(b) Address 4914 Belair Road

19 DEC 14 1940 (Date rec'd by registrar) Transcription from Williamsport Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12 1940, at 7:55 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11/1940 to 12/12 1940, and that I last saw h[illegible] alive on 12/12 1940

Immediate cause of death Carcinomatosis generalized with ascites — Duration Hours, Min.

Due to Carcinoma of renal pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Bligh
Address Sinai Hospital Date signed M/D. 12/13/40

VS 3

F 75391 -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry R. Warfield.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Josephine M. Warfield.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 16, 1854.

8. AGE: Years	Months	Days	If less than one day
86	8	27	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Loyd Warfield
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Oakley L. Warfield.
(b) Address 2058 Saint Paul Street.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 16, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615 Chestnut Ave.

19 (a) DEC 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 3 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Dec 12 1940, and that I last saw h[illegible] alive on Dec 12 1940.

Immediate cause of death Broncho Pneumonia — Duration 4 days
Due to Myocarditis senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Thomas M. D.
Address 1607 E. Baltimore St. Date signed 12/14/40

VS 3

75392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59 ✓ Registered No. 75392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2699 Dulaney ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2699 Dulaney Pl
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME not named -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Foster

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 12 - 40

8. AGE: Years | Months | Days | If less than one day hr. 20 min.

9. Birthplace Balto —
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Everett Parker
13. Birthplace Prince Geo Co.

MOTHER 14. Maiden Name Melvina Parker
15. Birthplace Balto -

16 (a) Informant Melvina Parker
(b) Address 2699 Dulaney ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director Harry H. Weitzer
(b) Address 4101 Edmondson Ave

19 (a) DEC 14 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 12 1940 at 1.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940 to 12-12 1940 and that I last saw her alive on 12-12 1940

Immediate cause of death Premature birth, about 26 weeks gestation

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Durand M. D.
Address Medical Arts Bldg Date signed 12-12-40

75393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75393

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Walnut Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Walnut Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myron Hyder Wentz

3 (b) If veteran, name war (c) Social Security Account No. WILL CALL

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Virgie H. C. Grimm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1881

8. AGE: Years	Months	Days	If less than one day
59	4	19	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Clerk B&O. R.R.
11. Industry or business

FATHER
12. Name Charles J. Wentz
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Laurie Hyder
15. Birthplace Maryland

16 (a) Informant Mrs Myron H. Wentz
(b) Address 602 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery ~~crematory~~ Greenmount
Location Greenmount Ave

18 (a) Funeral director Harry E. Wiske
(b) Address 4644 Edmondson Ave.

19 (Date rec'd by registrar) DEC 14 1940 (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1940 at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from September 11 1939 to December 19 and that I last saw h alive on 12/9/40 1940.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerotic cardiac vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E. Stacy M. D.
Address 3803 Edmondson Date signed 12/19/40

VS 8

75394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B

F 75394 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1907 Perlman Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 Perlman Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Barbara Fromm

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Sebadtian Fromm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1860

8. AGE: Years	Months	Days	If less than one day
80	9	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation -----
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Sebastian Fromm
(b) Address 1907 Perlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14/40 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Balto. Md.

18 (a) Funeral director Philip Henrig Sons
(b) Address 2024 Orleans Street

19 DEC 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 12 1940, and that I last saw h alive on Dec 12 1940.

Immediate cause of death — Duration
Valvular Heart disease — 2 yrs
Due to
Due to
Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Fisher M. D.
Address 823 N. Wood St. Date signed 12/13/40

F 75395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31-N

F 75395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 549 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 549 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Mahoney

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col.	married Sep.

6 (b) Name of husband or wife Elizabeth Mahoney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2 - 1895

8. AGE: Years	Months	Days	If less than one day
45		11	hr. min.

9. Birthplace Balto. - Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Mahoney
13. Birthplace Md.

MOTHER
14. Maiden Name Georgiana Riley
15. Birthplace Md.

16 (a) Informant Myrtle Mahoney
(b) Address 549 Dolphin St.

17 (a) Burial Burial, cremation, or removal (b) Date thereof 12 17 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto City

18 (a) Funeral director Samuel McClure & Son
(b) Address 1881 N. Gilmor St.

19 (a) DEC 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1940, to Dec 13 1940, and that I last saw him alive on Dec 13 1940.

Immediate cause of death
Asphyxiation Carbon Dioxide
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Williams M.D.
Address 17 E Saratoga Date signed 12/14/40

VS 3

75396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 75396 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3310 Gilman Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 56yrs 14ds.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Edward Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-0065

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Reba Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28-1884

8. AGE: Years 56 | Months — | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Md. Vernon-Woodberry Mills

FATHER
12. Name Edward Thompson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C. Tucker
15. Birthplace Maryland

16 (a) Informant A. Clarence Thompson
(b) Address 3310 Gilman Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Mary's (Hampden) Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Filed DEC 14 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1940 to Dec 12 1940, and that I last saw him alive on Dec 12 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 17 days

Due to: Arterio-Sclerosis and Hypertension — 2 yrs.

Due to: Other Conditions: Chronic Endocarditis. — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 846 W 36th St. Date signed 12/14/40

Dr Morrison: 1013 N. Charles St

F 75397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 DF 25397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 N. Calvert St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Baylies Hines

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry C. Hines Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27-1854

8. AGE: Years	Months	Days	If less than one day
86	8	16	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Francis Baylies
13. Birthplace York Haven Pa.

MOTHER
14. Maiden Name Anna E. Arnow
15. Birthplace Baltimore Md.

16 (a) Informant Charles L. Hines
(b) Address 275 S. Edwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-40 (month) (day) (year)
(c) Cemetery or crematory Lonedale Park
Location Falls. Md.

18 (a) Funeral director Charles G. Black
(b) Address 742 W. North Ave

19 (a) (b) Thurston Williams, M.D. Registrar
(Date rec'd by registrar)

DEC 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13/1940 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/3/1917 to 12/13/1940, and that I last saw h alive on 12/13/1940

Immediate cause of death — Duration

Pulmonary Edema + 5 days
Due to Uremia
Hypertensive Heart Disease Arterio Sclerosis 70 yrs
Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 1013 N. Charles St Date signed 12/14/40

VS 2

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75398

CERTIFICATE OF DEATH

56-a F 75398

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N. Bradford St. 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Zita Agnes Updegraff

(a) Residence: No. 1210 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Undr 1 year

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Earl Updegraff

6. DATE OF BIRTH (month, day, year) Dec. 5, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48		8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 8

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Johnstown, Pa Pennsylvania

FATHER

13. NAME Perry Anderson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Margaret Malzi

16. BIRTHPLACE (city or town) (State or country) Johnstown Pa.

17. INFORMANT Frank E. Updegraff
(Address) 1210 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 17 19 40

19. UNDERTAKER John C. Tridley Inc.
(Address) 1301 E. Baltimore St.

20. FILED DEC 14 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1940 to Dec. 12 1940

I last saw her alive on Dec. 12 1940 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other contributory causes of importance: Cirrh

Name of operation Supravaginal Hysterectomy Date of 11/27/40

What test to confirm diagnosis Bilateral Salpingo Oophorectomy Was autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? undetermined Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Karl Hagerman M. D.

(Address) 1217 N. Patterson Park Ave

F 75399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-B ✓ Registered No. F 75399

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 263 N Hoffman St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-40

8. AGE: Years	Months	Days	If less than one day hr.	min.
		2 3		

9. Birthplace 263 N. Hoffman St., City (Town, county, and state)
10. Usual Occupation Child
11. Industry or business —

FATHER
12. Name John Gracty
13. Birthplace St. Pete, Virginia

MOTHER
14. Maiden Name Mildred Brown
15. Birthplace Baltimore, Md

16 (a) Informant Mother
(b) Address 263 N Hoffman St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Location UNIVERSITY MEDICAL SCHOOL DEC 14 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Pollimore, Md

19 (a) DEC 14 1940 (Date rec'd by registrar) (b) Registrar

VS 8

6116

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11-40 19 , at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940, to 12-11 1940, and that I last saw him alive on 12-11 1940.

Immediate cause of death	Duration
Intestinal perforation Peritonitis	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Williams M. D.
Address Univ. Hosp. Date signed 12-1940

F 75400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C F 75400 Registered No.

PRINCIPAL WRITING PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo3da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo. 3 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Arnold Station (If outside city or town limits, write RURAL and give town)
(d) Street No. Shoreacres Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Joseph GERGELY

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Marcus Gergely
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 7, 1873

8. AGE: Years	Months	Days	If less than one day
67	7	6	____ hr. ____ min.

9. Birthplace Reading, Pennsylvania (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Gergely
13. Birthplace Austria

MOTHER
14. Maiden Name [illegible] Ann
15. Birthplace Austria

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16, 1940 (month) (day) (year)
(c) Cemetery or crematory New National
Location Frederick Road

18 (a) Funeral director S. Walter Fray
(b) Address 619 N. Bouldin St. Huntington Williams, M.D.

DEC 14 1940 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10, 1940 to Dec. 13, 1940, and that I last saw him alive on Dec. 13, 1940.

Immediate cause of death	Duration
Cardiac decompensation	3 mo.
Due to Aortic stenosis, rheumatic	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. H. Andrews, M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/13/40

VS 8

75401 ✓ F 75401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Ellerslie Ave,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME REBEKAH Patton AITKEN

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/18/1871

8. AGE: Years	Months	Days	If less than one day
69	10	26	..... hr. ..... min.

9. Birthplace Pennsylvania
(City, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Robert Aitken
13. Birthplace Pennsylvania.

MOTHER
14. Maiden Name Agnes Patton
15. Birthplace Maryland.

16 (a) Informant hospital records
(b) Address U.M.H.

17 (a) Burial (b) Date thereof Dec 16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred. Ave. Balto Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1960 Eutaw Place

19 (a) (Date rec'd by reg.) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1940 to 12/14 1940, and that I last saw h.. alive on 12/13 1940.

Immediate cause of death cardiac failure — Duration: .....

Due to Carcinomatosis — Duration: one

Due to .....

Other Conditions Jaundice

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis on operation 11/26/40
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Murray L. Johnson, M.D.
M. D.
Address Union Memorial Hosp. Date signed 12-14-40

Especially important. Physicians: please write the causes of death clearly and legibly.

F 75402

75402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-2

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or Town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 Broxton Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Birdie Frazier Diehl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Richard S. Diehl
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 3/17/68 70

8. AGE: Years	Months	Days	If less than one day
70	9	26	..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Warner Hurst
13. Birthplace Va.

MOTHER
14. Maiden Name Maria Frazier
15. Birthplace Va.

16 (a) Informant George S. Diehl
(b) Address 319 Broxton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/40 (month) (day) (year)
(c) Cemetery or crematory Chester Cemy.
Location Chestertown, Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) Date rec'd by registrar DEC 14 1940 (b) Harrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 13 1940, and that I last saw h. or alive on Dec 12 1940.

	Duration
Immediate cause of death Cerebral hemorrhage	7 days
Due to Arterial sclerosis	
Due to	
Other Conditions Dilated heart	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Jno. H. Pearce M. D.
Address 2105 N. Charles St. Date signed .....

correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

75403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 75403

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Johnsaan St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henrietta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace — (Town, county, and state)

10. Usual Occupation Hod Carrier

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Henrietta Jordan
(b) Address 625 Johnsaan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Meg. G. Kelly
(b) Address 1303 Pressman St

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 11 1940, at 11 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 11 1940, to 12 - 11 1940, and that I last saw him alive on 12 - 11 1940.

Immediate cause of death Coronary Occlusion — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Pennewarden M. D.
Address President Hospital Date signed 12-13-40

correct as especially important. Physicians: please write the causes of death clearly and legibly.

Minnie Coleman

75404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 75404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name)
(d) Street No. 900 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Coleman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 / 23 / 1905

8. AGE: Years	Months	Days	If less than one day
(36) 35	7	18	hr. min.

9. Birthplace Greenville Co, Va (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name John Fuels
13. Birthplace Va

MOTHER
14. Maiden Name Lara Cara
15. Birthplace Va

16 (a) Informant Deaths
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 / 15 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940 at 11 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature M. A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 12-11

W. B. Vandershift

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75405

SD 61274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 75405

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 N. Milton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Bradka Birth Cert # 21683

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/40

8. AGE: Years	Months	Days	If less than one day
			2 hr. 36 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Francis
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Smith
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-12-40 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address

19 DEC 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11.26 1940, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11.26 1940, to 11.26 1940 and that I last saw h alive on 11.26 1940

Immediate cause of death Prematurity — Duration 3 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. C. Hoop M. D.
Address B. C. Hoop Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75406

HEALTH DEPARTMENT—CITY OF BALTIMORE

75406

CERTIFICATE OF DEATH

131-D

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1103 N. Mount St. 16 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Ethel Walker — If U. S. Veteran specify WAR

(a) Residence: No. 1103 N Mount St., — Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hezekiah Walker

6. DATE OF BIRTH (month, day, year): Oct 15, 1887

7. AGE — Years: 53 — Months: 1 — Days: 25 — If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Earl Co Va

FATHER

13. NAME: Edward Johnson
14. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

MOTHER

15. MAIDEN NAME: Sabrona Taylor
16. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

17. INFORMANT: James Walker
(Address): 1103 N Mount St

18. BURIAL, CREMATION, OR REMOVAL: Mt Zion Cemetery Date 12/14 19 40

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 3227 E. Shroeder St.

19a. FILED — 19— — Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1940 to Dec 10, 1940

I last saw h— alive on Dec 9, 1940 Death is said to have occurred on the date stated above, at 2:55 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis	
Chronic Hypertension	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? No — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ky — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. P. Howard M. D.

(Address) 6011 Harford Ave

EC 1 No

No

75407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42B

F 75407
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 Gibbons Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Elizabeth M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-1882

8. AGE: Years	Months	Days	If less than one day
58	4	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Gross Coal Co.

FATHER
12. Name Frank Gross
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Gumbert
15. Birthplace Md

16 (a) Informant Elizabeth M. Gross
(b) Address 3503 Gibbons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Leonard Town
(d) Funeral director Leonard Town
(e) Address 5305 Harford Rd. Huntingtown Hillsdale, Md.

19 (Date rec'd by registrar) Registrar

DEC 18

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1940, to Dec. 13 1940, and that I last saw him alive on Dec. 13 1940.

Immediate cause of death Rheumatic Heart Disease - Mitral insufficiency

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Brooke Bayne M. D.
Address 5309 Harford Rd. Date signed 12-18-40

VS 2

5408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 75408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Edmonson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Edmonson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary J. Staub

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	married

6 (b) Name of husband or wife Jacob J. Staub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23-1861

8. AGE: Years	Months	Days	If less than one day
78	11	20	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name George F. Smith
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Schultz
15. Birthplace Pa

16 (a) Informant Jacob J. Staub
(b) Address 3006 Edmonson Ave

17 (a) Funeral (b) Date thereof 12-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Gettysburg
Location

18 (a) Funeral director Leonard J. Rice
(b) Address 5305 Reisterstown Rd.

DEC 14 1940 Huntington Williams M.D.
(Local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1940, to Dec 13 1940, and that I last saw h[illegible] alive on Dec 12 1940.

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Myocarditis & Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Schumacher
Address 1337 S. Charles St. Date signed 12/14/40

Fill in all items if possible. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75409 F 75409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

correct as this is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Ravenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hofmann (61769)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Winifred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	23	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Breakman
11. Industry or business

FATHER
12. Name George
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12-13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balt. County
Location

18 (a) Funeral director Leonard J. Reed
(b) Address 620 Hanover St.

19 (Date rec'd by registrar) (Permit for Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11, 1940 to Dec. 13, 1940, and that I last saw him alive on Dec. 11, 1940.

Immediate cause of death	Duration
Pneumonia	
Due to Chronic Alcoholism	10 yrs
Due to	
Other conditions Pulmonary Tuberculosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Beasley M.D.
M. D.
Address Balto. City Hospitals Date signed 12-13-40

75410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

F 75410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st st.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo 7da
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo. 7 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. (b) County
(c) City or town Seattle (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Blanchard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Lenora Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife J. Earl Thornton-46 years
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1893

8. AGE: Years	Months	Days	If less than one day
47	3	23	hr. min.

9. Birthplace Spokane, Washington (Town, county, and state)
10. Usual Occupation Secretary-Washington TB
11. Industry or business Association

FATHER
12. Name Sam Hutchinson
13. Birthplace Oregon

MOTHER
14. Maiden Name Garrie Griswold
15. Birthplace Minnesota

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington, D.C.

18 (a) Funeral director A. Leo Adler
(b) Address 4644 York Road.

19 (a) DEC 14 1940 (b) Huntington Williams, M.D.
(Date received by registrar)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940 at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940 to Dec. 13, 1940, and that I last saw him alive on Dec. 13, 1940

Immediate cause of death: Bronchial pneumonia, bilateral — Duration: 1 week

Due to: Carcinoma with metastasis to right lung — 1 year

Due to: Carcinoma of cervix treated — 4 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify kind of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/14/40

75411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 75411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Inf. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Natives

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CASTLEMAN, MISS IDA LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JUNE ? 1860

8. AGE: Years	Months	Days	If less than one day
80 81	6	?	..... hr. ..... min.

9. Birthplace LAWRENCEVILLE, VIRGINIA
(Town, county, and state)

10. Usual Occupation O

11. Industry or business

FATHER
12. Name REV. R. A. CASTLEMAN
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name MARY LEE
15. Birthplace RICHMOND, VIRGINIA

16 (a) Informant MISS IDA LEE CASTLEMAN
(b) Address CHS Hosp, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1940 (month) (day) (year)
(c) Cemetery or crematory Chestnut Grove
Location Hampton, Virginia

18 (a) Funeral director Henry W. Wittke
(b) Address 4101 Eastern Ave

19 DEC 14 1940 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 14 1940 at 2 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 5, 1940 to DEC 14 1940 and that I last saw h[illegible] alive on DEC. 13, 1940

Immediate cause of death Cardiac failure — Duration: ?

Due to Arteriosclerotic heart disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John T. Cole M.D.
Address Chestnut Home Hosp Date signed 12/14/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75412

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore Hotel
(c) Hospital or institution: Room 526 Paca and Fayette Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Rhode Island (b) County
(c) City or town Cranston Providence (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 Packard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip C. Barry

3 (b) If veteran, name war

3 (c) Social Security Account No. 037-05-9830

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Boston Mass (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Interstate Tea Exch. Co

FATHER
12. Name Walter Barry
13. Birthplace Rhode Island

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant J. V. Crofton
(b) Address 810 Cranston St. Providence R.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (month) (day) (year)
(c) Cemetery or crematory Removal
Location Providence, R. I.

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address North & Pa Aves.

19 DEC 14 1940 (Date received by Registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940 at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute Alcoholism — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Vandegrift M.D.
Medical Examiner
Date signed 12/14/40

389193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80B

Registered No. E 25413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Youngstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Ohio ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Ann Murray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-38

8. AGE: Years	Months	Days	If less than one day
2	2	11	hr. min.

9. Birthplace MA (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Philip Murray
13. Birthplace Md

MOTHER
14. Maiden Name Betty Wise
15. Birthplace Md.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) 16 (day) 40 (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Baltimore

18 (a) Funeral director Chas. J. Frank Undertaker
(b) Address 118 W. Mt. Royal Ave

DEC 14 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940 at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Dec 14 1940 and that I last saw her alive on Dec 14 1940.

Immediate cause of death Schizo's disease (Cerebral degenerative disease — Duration 1 Month

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operations
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilson Lyon Gamble M. D.
Address Johns Hopkins Hosp Date signed 12/14/40

VS 3

3854 F 75414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 131-B F 75414
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 12 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Chambersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Arbaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-31

8. AGE: Years	Months	Days	If less than one day
9	5	20	hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Charles Arbaugh
13. Birthplace Pa

MOTHER 14. Maiden Name Frances Ritter
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Chambersburg Pa (Burial, cremation, or removal) (b) Date thereof 12-14 40 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Chambersburg Pa

18 (a) Funeral director Robert Byron Olson
(b) Address Colonial Hotel

19 (a) DEC 15 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940 at 9:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1940 to Dec 14 1940. and that I last saw him alive on Dec 14 1940.

Immediate cause of death: Nephrosis — Duration: 5 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson Type Quote M. D.
Address [redacted] Date signed 12/14/40

VS 2

F 75415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170e

Registered No. F 75415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Lonsdale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Muse

3 (b) If veteran, name war
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
bb, about bb yrs			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs. Edward Bransby
(b) Address 538 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Location Annapolis Blvd.

18 (a) Funeral director Margaret D. Flynn
(b) Address 1422 Light St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

DEC 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940, at 7-45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Compound fracture of left tibia & fibula	
Due to Atrophy & fracture of	
Due to Chronic alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 12/11/40
(c) Where did injury occur? 500 Scott St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by auto

23. Signature H. Williams Huntington Medical Examiner M.D.
Date signed 12/14/40

F 75416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 75416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 E. 20th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 E. 20th
(If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Catherine A. Shew

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph N. Shew
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1865

8. AGE: Years	Months	Days	If less than one day
About 75	---	---	-- hr. --- min.

9. Birthplace Havre de Grace, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Daniel Holmes
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Laffey
15. Birthplace Ireland

16 (a) Informant Joseph N. Shew
(b) Address 904 E. 20th St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) ----- (Date rec'd by registrar) (b) Hunter [illegible] Williams M.D.

DEC 15 1940

MEDICAL CERTIFICATION

28. DATE OF DEATH 12/13/ 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940, to Dec 13 1940 and that I last saw her alive on Dec 12 1940

Immediate cause of death Carcinoma of Pancreas

Duration ?

Due to

Due to

Other Conditions Syncope on - Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — ~~While at work?~~
(Specify type of place)
(e) Means of injury

23. Signature Harry [illegible]
Address 1100 E North Ave Date signed 12/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75417

Registered No. 94

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT PORTMESS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of ~~husband or~~ wife Ethel F. Portmess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16th 1888

8. AGE: Years 52 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Self

FATHER
12. Name J. F. Portmess
13. Birthplace W. Va.

MOTHER
14. Maiden Name (Unknown) Easter
15. Birthplace W. Va.

16 (a) Informant Ethel F. Portmess
(b) Address 2110 St. Paul st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Elkton City Md

18 (a) Funeral director William Cook
(b) Address 1217 E Fayette St

19 (a) DEC 15 1940 (Date received by Registrar) (b) Clinton Williams, M.D. Registrar

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said I find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. J. Wollenweber M.D.
Medical Examiner.
Date signed 12-17-40

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 75418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Rosalie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Rosalie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME M. Ella Kreidler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Charles Monroe Kreidler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17th 1868

8. AGE: Years	Months	Days	If less than one day
72	8	27	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Dowling
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace "

16 (a) Informant B. E. Lyon
(b) Address 3119 Rosalie Ave

17 (a) Removal (b) Date thereof 12/15/40
(~~Burial, cremation~~ or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Maple Grove
Location Horse Head N. Y.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) DEC 15 1940 (b) Harrington Williamson, Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1940, 6:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1st 1940, to Dec 14 1940, and that I last saw h alive on Dec 7th 1940.

Immediate cause of death Cerebral Hemorrhage
Due to Chronic Glomerulitis
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Duration
under
4 yrs

Major findings:
Of operations Cerebral Hemorrhage
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 3908 N. Charles St Date signed

75419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 75419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Chapel Gate Lane
(c) Hospital or institution: Pinecrest Sanatarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs 5 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles. Dinsling

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 225-03-3469

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Dinsling

6 (c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Apr 17. 1888

8. AGE: Years: 57 | Months: 7 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Balto Co. Md. (Town, county, and State)

10. Usual Occupation: Structural Engineer

11. Industry or business:

FATHER — 12. Name: Nicholas Dinsling
13. Birthplace: Md

MOTHER — 14. Maiden Name: Catherine Erget
15. Birthplace: Germany.

16 (a) Informant: Catherine Dinsling
(b) Address: 616 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Mrs. Jno. J. W. Geufelder
(b) Address: 501 W. Fayette St

19 (a) (Date rec'd by registrar) (b) [illegible] Wilkens Ave, Md

DEC 19 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940 at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1, 1940, to Dec 13 1940, and that I last saw him alive on Dec 13 1940.

Immediate cause of death: Hypertension — (Hypertensive Cardio-Vascular disease). — Duration: 7 yrs.

Due to: Chronic Nephritis — Duration: 1 day

Due to: Arteriosclerosis — Duration: 3 yrs

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Earl Pass M. D.

Address 4001 Wilkens Ave Date signed 12-14-40

F 75420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 75420 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Grace Marie Brocato

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vincent J. Brocato

6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Apr. 12. 1865

8. AGE: Years: 75 | Months: 8 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Italy

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Italy

16 (a) Informant: Vincent J. Brocato
(b) Address: 809 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 17. 1940 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral
Location: City

18 (a) Funeral director: Mr. Mrs. John W. Geisel & Son
(b) Address: 801 W. Fayette St

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

DEC 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 4 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938. to Dec. 14 1940.
and that I last saw h a alive on Dec. 13 1940.

Immediate cause of death: Cute Coronary Thrombosis — Duration: 15 Min's.

Due to: Coronary artery disease.

Due to:

Other Conditions: Unemployed Arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Williams M.D.
Address: Medical Arts Bldg. Date signed: 12/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P F 75421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3420 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Benjamin E. Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-08-9157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	

6 (b) Name of husband or wife Florence Doyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sausage smoker
11. Industry or business

FATHER
12. Name Ernest Doyle
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Meninger
15. Birthplace Germany

16 (a) Informant Florence Doyle
(b) Address 3420 E Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director Leigh Funeral Home
(b) Address 740 Allen Rd.

19 (a) (Date rec'd by registrar) (b) Filing for Williams Phillips

DEC 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 | 13 1940, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1940, to 12/13 1940, and that I last saw h[illegible] alive on 12/13 1940.

Immediate cause of death Pulmonary edema — Duration

Due to Post-operative

Due to Adeno carcinoma of stomach

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Adeno-carcinoma of stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md. General Hosp. Date signed 12/13/40

VS 2

F 75422

Ante Stambuk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

✓ F 75422

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hos.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — (b) County —
(c) City or town Split
(If outside city or town limits, write RURAL and give town)
Street No. Yugoslavia
(If rural give location)
PIERS-PORT COVINGTON
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ante Stambuk

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 23 - 1921

8. AGE: Years	Months	Days	If less than one day
19	9	17	hr. min.

9. Birthplace Yugo-Slavia
(Town, county, and state)

10. Usual Occupation Apprentice engineer
11. Industry or business U. S. Arctic Ship

FATHER
12. Name Ante Stambuk
13. Birthplace Split - Yugoslavia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Capt. Ivo Antunovic
(b) Address Split - Yugoslavia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 15/40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Balto Md

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St

19 (Date received) DEC 15 1940 Huntington Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 9 - 1940, at 10.02 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Asphyxiation	
Respiratory Failure	
Due to Hydrocyanic Acid Gas	
Due to Fumigation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide Accident
(b) Date of occurrence 12 - 9 - 40.
(c) Where did injury occur? S.S. Sveti Duje
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Balto. Harbor While at work? Yes
(Specify type of place)
(e) Means of injury Fumigation of above ship

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 12 - 9 - 40

VS 6

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 75423 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 E 39th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9a

3(a) FULL NAME JOSEPH LEE MURPHY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Margaret Cathcart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ---------- 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John C. P. Murphy
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Emily Mullan
15. Birthplace ----- Maryland

16 (a) Informant Claude Murphy
(b) Address 3704 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

DEC 15 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-17

8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No. F 75424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 Argyle Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Argyle Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Young Johnson.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1873

8. AGE: Years 67 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Not known
13. Birthplace "

MOTHER 14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mrs Irene Proctor
(b) Address 1035 Argyle av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Thomas A. Hensley
(b) Address 578 N. Bidle St.

19 (a) DEC 15 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1940 to Dec 13 1940.
and that I last saw h[illegible] alive on Dec 13 1940.

Immediate cause of death Cerebral hemorrhage — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Casey
Address 757 Argyle Date signed Dec 15-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Tarshish

F 75425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 BF 25425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Whitelock St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Whitelock St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Sada Tarshish

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~ Peter

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Tarshish Jacobson

13. Birthplace Lith

MOTHER 14. Maiden Name Estka

15. Birthplace Lith

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Greater Balto Lodge

Location Herring Run

18 (a) Funeral director Jos. Louis Lee

(b) Address 1434 E. Balto St.

19 (a) DEC 15 1940 (Date rec'd by registrar) (b) Hunting Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1940 at 8:40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940 to Dec 14 1940, and that I last saw h[er] alive on Dec 6 1940.

Immediate cause of death carcinoma of stomach — Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Levitan M. D.

Address 1726 Eutaw Pl Date signed Dec 15/40

Approved by Dr Henry Wollenberg

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 75426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 d.
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Louis Libel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ellie
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): 1886
8. AGE: Years: 54 | Months: | Days: | If less than one day: hr. min.
9. Birthplace: Russia (Town, county and state)
10. Usual Occupation: Grocery Merchant
11. Industry or business: Self

FATHER
12. Name: Herman Libel
13. Birthplace: R

MOTHER
14. Maiden Name: Ida Stutman
15. Birthplace: Russia

16 (a) Informant: Wife
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-40 (month) (day) (year)
(c) Cemetery: New Lyandmihid
Location: Mt Carmel
18 (a) Funeral director: Jack Louis Joe
(b) Address: 1439 E. Balto St
19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

DEC 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1940 at 2:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1940 to 12/15 1940 and that I last saw h[illegible] alive on 12/15 1940.

Immediate cause of death: Acute pulmonary edema — Duration: 10 min.
Due to: acute heart failure
Due to: Carcinoma of St. Lung — 3 years
Other Conditions: Lues

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Ca St. Lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Herbert W. Stein, M. D.
Address: Sinai Hospital Date signed: 12/15/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

61282-FD

F 75427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

F 75427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1123

3 (a) FULL NAME Mosa Nathaniel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-1890

8. AGE: Years	Months	Days	If less than one day
50	4	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name David Nathaniel
13. Birthplace Va.

MOTHER
14. Maiden Name Lizza Riley
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper.
(b) Address 514 N. Calhoun St.

19 (a) (Name filed by Applicant) (b) Residence

DEC 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11/40 1940 at 5:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1940 to 12/11 1940 and that I last saw her alive on 12/10 1940

Immediate cause of death: Carcinoma of the caecum — Duration: 6 weeks

Due to Uremia — 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations 11/26/40 - ca of caecum
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Gehlert Jr.
Address Baltimore City Hosp. Date signed 12/11/40 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

75428 75428 24-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 13-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Amanda Bennett

(a) Residence: No. 2312 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	col.	married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Bennett

6. DATE OF BIRTH (month, day, year) Jan 1, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	11 10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dent County. (State or country) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER
15. MAIDEN NAME Nannie Bratton
16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Alonzo Bennett
(Address) 2312 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus MD Date 12-15 1940

19. UNDERTAKER Mrs. Geo. F. Roland
(Address) 1601 Druid Hill Ave

DEC 15 1940 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1940 to Dec 11 1940
I last saw h alive on Dec 11, 1940 Death is said to have occurred on the date stated above, at 9.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Septicemia	2 days
Other contributory causes of importance: Infection on Rt. Hand	1/6

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Nathan Higgins M. D.
(Address) 2223 Madison Ave

F 75429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D 75429 Registered No. 3698

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Gold St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Gold St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-1

3 (a) FULL NAME Johnnie Grice
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-09-9424

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) June 1, 1900

8. AGE: Years	Months	Days	If less than one day
40	6	11	hr. — min.

9. Birthplace Dillon S. C.
(Town, county, and state)
10. Usual Occupation Chemical Laborer
11. Industry or business National Chemical Co.

FATHER
12. Name Joseph Grice
13. Birthplace Dillon S. C.

MOTHER
14. Maiden Name Fancy Crowford
15. Birthplace Dillon S. C.

16 (a) Informant Martha Grice
(b) Address 616 Gold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1940 (month) (day) (year)
(c) Cemetery or crematory Dillon SC Arbutus Cemetery
Location Arbutus

18 (a) Funeral director Ebony O. Wilson
(b) Address 1000 Brantley Av

19 (a) DEC 15 1940 (b) Registrar's signature Washington Wilson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1940, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7-1940, to 12-12 1940, and that I last saw h alive on 12-11-1940.

Immediate cause of death

Due to Myocarditis — Duration 5 Mo

Due to

Other Conditions Bronchitis — Duration 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 12-12-40

F 75430 ✓ F 75430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 FLEET St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 FLEET St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME LOUISA FONDRON

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	White	Widowed

6 (b) Name of husband or wife MICHAEL FONDRON
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 8-1859

8. AGE: Years	Months	Days	If less than one day
81	1	6	..... hr. ..... min.

9. Birthplace BALTIMORE Md
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name JOHN BAUM
13. Birthplace BALTIMORE Md

MOTHER
14. Maiden Name MARGARET ULRICH
15. Birthplace BALTIMORE Md

16 (a) Informant MARIE A. ADAMS
(b) Address 305 S. BOULDIN

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 18-40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BALTIMORE City

18 (a) Funeral director ROTT & H. M. WATTER
(b) Address Gratz & Brocks St

DEC 15 1940 (Date received by Registrar) (b) Hunting Ton, Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 14 1940, at 11 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1940, to Dec. 14, 1940, and that I last saw h[illegible] alive on Dec. 15, 1940. dead

Immediate cause of death Arteriosclerosis — Duration 7

Due to .....

Due to .....

Other Conditions Common cold — When?

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Sigmund R. Nowak M.D.
M. D.
Address 404 S. Patterson Park Ave. Date signed Dec. 15, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-D

F 75431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3142 Stafford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3142 Stafford St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert C. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Divorced

6 (b) Name of husband or wife Elizabeth Austin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1889.

8. AGE: Years	Months	Days	If less than one day
51	4	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Weatherstrip

FATHER
12. Name Daniel Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carrie Rittershofer
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Carrie Hoffman (Mother)
(b) Address 409 S. Caton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Fredrick Rd.

18 (a) Funeral director Harry H. Luttge
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] Huntington Williams, M.D.

DEC 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940 at 9 25 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Uremia, alcoholism	
Cerebral atrophy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 12/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 aF 75432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Frederick Rd. & Charing Cross (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mr. Charles W Galloway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Margaret Galloway nee Leiritz)

6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) 12-[illegible]/68

8. AGE: Years	Months	Days	If less than one day
72	-	3	hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Vice President

11. Industry or business B. & O. R. R.

FATHER
12. Name Charles B. Galloway
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Smith
15. Birthplace Md.

16 (a) Informant Mrs. Charles W. Galloway
(b) Address Old Frederick Rd. & Charing Cross

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 12/16/40. (month) (day) (year)
(c) Cemetery or crematory Lorriane Pk. Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4101 Edmondson Ave.

19 DEC 15 1940 (Date rec'd by registrar) (b) Hunter Jos. Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26 1940 to 12-14 1940 and that I last saw h[illegible] alive on 12-14 1940.

Immediate cause of death Coronary Occlusion — Duration 16 days

Due to

Due to

Other Conditions Chronic Cholecystitis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address 2015 W. Fayette St Date signed 12-14-40

VS 8

Caution: Entries must be made in INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-3 F 75433

Registered No.

1. PLACE OF DEATH General German Aged Peoples Home

CITY OF BALTIMORE: (No. 22 S. Athol Ave. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bieroth

If U. S. Veteran specify WAR

(a) Residence: No. 22 S. Athol Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Dorothy Bieroth

6. DATE OF BIRTH (month, day, year) Aug. 24, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locksmith

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nicolas Bieroth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Abelonia Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Theresa Bieroth (Daughter)
(Address) 400 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date 12/16/40

19. UNDERTAKER Harry A. Little
(Address) 4101 Edmondson Ave.

20. FILED ... 19... Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-40

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1940 to Dec. 1 1940
I last saw him alive on Dec. 11 1940 Death is said to have occurred on the date stated above (hour) 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Unknown

Other contributory causes of importance: Senile Pneumonia Unknown
Chronic Pancreatitis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Wade Cleaves Dr. M. D.

(Address) 933 Hanover St.

DEC 15 1940

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75434

CERTIFICATE OF DEATH

1 50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 6306 Everall Ave. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma M. Pons

If U. S. Veteran specify WAR

(a) Residence: No. 6306 Everall Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Pons

6. DATE OF BIRTH (month, day, year) Feb. 24, 1899.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Kluge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Klenner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. F. Pons

(Address) 6306 Everall Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 12/17/40

19. UNDERTAKER Harry A. Tuffle

(Address) 4101 Edmonson Ave.

20. FILED DEC 15 1940 19 Thurlow W. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1940 to Dec. 14, 1940 is

I last saw her alive on Dec. 13, 1940 Death is said to have occurred on the date stated above, at 5.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scirrhous carcinoma of breast	
General metastasis	

Other contributory causes of importance:

Was an operation performed? yes Date of July 1940

For what disease or injury?

Name of operation Removal of breast

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert E. Webster M. D.

(Address) 6409 Belair Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 75435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 E. Fairmount
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 E. Fairmount (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Makel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	Widower

6 (b) Name of husband or wife unknown

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
83			..... hr. ..... min.

9. Birthplace Prince Georges Co. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name John Makel
13. Birthplace Prince Georges Co, Md

MOTHER
14. Maiden Name Emily ?
15. Birthplace Prince Georges Co Md

16 (a) Informant Mrs Lottie Stevenson
(b) Address 67 Washington St Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 16 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St.

19 (a) [illegible] (Authorized Official) (b) [illegible] Registrar

DEC 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1940, at 10 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to ..... —

Due to ..... —

Other Conditions ..... —

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Nathan G. Pickrell M.D. (Medical Examiner)
Date signed 12/12/40

Registrar

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-C

F 75436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Olmstead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Balto~~
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Olmstead St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Stanislawa Matuszewski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Anthony Matuszewski
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	19	— hr. — min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Lawrence Pijut
13. Birthplace Poland

MOTHER
14. Maiden Name Marie Mydlowski
15. Birthplace Poland

16 (a) Informant Michael Matuszewski
(b) Address 1508 Olmstead St.

17 (a) — (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Dundalk Ave

18 (a) Funeral director Stephen J. Fiallowski Jr.
(b) Address 1000 N. Kenwood Ave

19 (a) Date received by Local Registrar DEC 16 1940 (b) — Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1940, at 10 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-13 1940 to Dec-14 1940, and that I last saw her alive on Dec. 14 1940.

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to —

Due to —

Other Conditions Cardiac Decompensation — 5 Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Paul Leclair, M.D.
Address 920 Bayport Ave Date signed 12/15/40

F 75437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Ellis

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1869

8. AGE: Years: 71 | Months: 4 | Days: 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER
12. Name John P. D. Ellis
13. Birthplace Phila. Penna

MOTHER
14. Maiden Name Lucy Ellen Ellis
15. Birthplace Virginia

16 (a) Informant Edward Ellis
(b) Address 1205 N. Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Ave

18 (a) Funeral director Howard H. Bligh Jr.
(b) Address 4914 Belair Road

19 (a) (Registrar) (b) Huntington Williams M.D.

DEC 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940, at 12 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandersliff M.D.
Medical Examiner
Date signed 12/15/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 75438 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Wilmslow Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph J. Stewart Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married, widowed, or~~ divorced: Divorced
6 (b) Name of ~~husband or~~ wife: Joan Lee ~~Smith~~ Warner
6 (c) If alive, give age: abt. 58 years
7. Birth date of deceased (mo., day, yr.): Sept 21, 1878
8. AGE: Years 62 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: Jos. Stewart Smith
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Lavinia Reip
15. Birthplace: Balto., Md.

16 (a) Informant: Stewart Lee Smith (Son)
(b) Address: 1723 Park Ave - City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount Cemetery
Location: Balto., Md.
18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. MOWEN SUC.) 108 W. NORTH AVENUE

DEC 16 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28 1940 to 12/14 1940, and that I last saw h.~~im~~ alive on 12/14 1940.

Immediate cause of death: Uraemia
Arteriosclerotic
Cardio-Vascular Disease
~~Due to~~ ~~thrombosis~~ Pulmonary Embolism
Due to: Portal Cirrhosis
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
?
?
?
?
over

Major findings:
Of operations: Literal obstruction due to Ileus
Of autopsy: Pulmonary Embolism Portal Cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benjamin H. Lucas Jr. M. D.
Address: University Hospital Date signed: 12-14-40

VS 3

F 75439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193D Registered No. F 75439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 S. Schroeder St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Schroeder St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

18 23

3 (a) FULL NAME Mary A. Reed

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J. Reed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1866

8. AGE: Years	Months	Days	If less than one day
74	8	17	hr. min.

9. Birthplace Dublin, Ireland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Peter Whalen
13. Birthplace Dublin, Ireland

MOTHER
14. Maiden Name Alice Eagan
15. Birthplace Ireland

16 (a) Informant Georgieanna Harman
(b) Address 105 S. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Pole
(b) Address 1200 N. Lombard St.

DEC 16 1940 (b) Baltimore, Md.
(Date received by Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1940, to Dec. 13, 1940 and that I last saw h[illegible] alive on Dec. 12, 1940.

Immediate cause of death [illegible] Myocarditis (Chronic)

Duration 1 [illegible] 8 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Lee Emerson M. D.
Address 514 Drury Lane Date signed 12-14-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 75440 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 576 W. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 576 W. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 1

3 (a) FULL NAME FLORENCE I. MURRAY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James A. Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	12	hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Derr
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Hedges
15. Birthplace Frederick, Maryland

16 (a) Informant Dr. John E. Swallow
(b) Address 576 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm.J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues,

19 (a) DEC 16 1940 (Date received by local registrar) (b) [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1940 to 12-13 1940, and that I last saw her alive on 12-13 1940.

Immediate cause of death	Duration
GANGRENE OF LT. FOOT	4 Mos.
Due to CHR. PERIPHERAL ARTERIOSCLEROTIC VASCULAR DISEASE	5 YRS.
Due to DIABETES MELLITUS	15+ YEARS
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Swallow M. D.
Address 1129 St. Paul St. Date signed 12-14-40

F 75441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

F 75441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Elgin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Elgin Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MADGE R. RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife James W. Richardson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 31, 1863

8. AGE: Years 77 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Comegys
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Vink
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Geo. M. Merryman
(b) Address 4011 Bateman Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

19 (a) DEC 16 1940 (b) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1938 to Dec. 14 1940, and that I last saw him alive on Dec. 13 1940.

	Duration
Immediate cause of death: General Asthenia	10 days
Due to: Carcinoma of Rectum	18 months
Due to: Intestinal Obstruction	10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herbert E. Zapp M. D.
Address 3048 W. North Av. Date signed 12/14/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 N. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Vincent St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Crowder
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Archie Crowder
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Dec 5th 1878

8. AGE: Years	Months	Days	If less than one day
62		9	hr. min.

9. Birthplace Talbot Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charlie Hurn
13. Birthplace Wilmington Del.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Archie Crowder
(b) Address 706 Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)
(c) Cemetery or crematory Douglas Mem.
Location Gwynns Falls Balto Co.

18 (a) Funeral director Chas H. Augustine
(b) Address 927 Argyle St

19 (a) Date received DEC 16 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940 at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1940 to 12/14 1940 and that I last saw h[illegible] alive on 12/14 1940

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Carcinoma of uterus — Duration ?

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature O. N. Pifer M. D.
Address 1536 W. Lanvale St. Date signed 12/17/40

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

5443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 75443

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S Highland Ave Ward 16)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Hanson

If U. S. Veteran specify WAR

(a) Residence: No. 320 S Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry C. Hanson

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 77 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Hook

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Addie Diemer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Carrie Streckfuss

(Address) 628 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 12-18-19 40

19. UNDERTAKER: John J. Finda

(Address) 1620 Hudson St

DEC 16 1940

19 ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-14, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1939 to December 14 1940

I last saw her alive on December 14, 1940. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast
metastatic carcinoma
of skull & femur.

Date of onset

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Gould M. D.

(Address) 14 N East ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 75444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 347 S. Furrow
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-5

3 (a) FULL NAME Edward Schumacher (59987)

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. 219-07-2003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1919

8. AGE: Years	Months	Days	If less than one day
21	5	28	hr. min.

9. Birthplace Md. - Baltimore - Md.
(Town, county, and state)

10. Usual Occupation "Helper."

11. Industry or business Straw Hat Factory.

FATHER
12. Name Philip Schumacher
13. Birthplace Md.

MOTHER
14. Maiden Name Dora Keefer
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17-40. (month) (day) (year)
(c) Cemetery or crematory Western Cemetery.
Location Baltimore - Md.

18 (a) Funeral director Charles L. Schnepf.
(b) Address 505 N. Monroe St.

DEC 16 1940 Washington Village, Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1940, to Dec. 13, 1940 and that I last saw him alive on Dec. 13, 1940.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund S. Beacham M.D.
M. D.
Address Balto. City Hospitals Date signed 12-13-40

VS 2

Please write age in years if under 1 year or over 100 years. Physicians: please write the causes of death clearly and legibly.

F 75445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 75445

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2854 Rayner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

16

3 (a) FULL NAME Gustav Pastorius

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	1	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Gustav
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothy Mardaga
15. Birthplace Germany

16 (a) Informant .....
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory Loraine Pk.
Location Windsor Mill Rd.

18 (a) Funeral director Mary A. Hawthorn
(b) Address 2839 Rayner Ave

19 (a) Huntington Williams (By) (Registrar)

DEC 16 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940, 12:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1940 to Dec. 14 1940, and that I last saw h[illegible] alive on Dec. 14 1940.

	Immediate cause of death	Duration
(a)	Lobar pneumonia, R.U.L.	1 day
(b)	Type undetermined.	
(c)	Generalized arteriosclerosis	
(d)	Diabetes mellitus, acidosis state.	
Other Conditions	Laennecs cirrhosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Lobar pneumonia R.U.L.
Of autopsy: Laennecs cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Johns Hopkins Hosp M. D.
Address [illegible] Date signed 12-14-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75446

F 75446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Sequoia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Newell

3 (b) If veteran, name war

3 (c) Social Security Account No. 092-03-4201

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annabelle Newell

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) June 8-1900

8. AGE: Years 40 | Months 6 | Days 6 | If less than one day: hr. min.

9. Birthplace San Francisco Calif (town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Maryland Match Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Annabelle Newell
(b) Address 3808 Sequoia Ave City

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Chas. P. Young Home
(b) Address 118 W. Mt. Royal Ave. Baltimore, Md.

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940 at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1940 to Dec. 14 1940 and that I last saw him alive on Dec. 14 1940.

	Duration
Immediate cause of death: Pulmonary edema & atelectasis — postoperative,	
Due to: after nephrectomy for massive non-	
Due to: functioning pyonephrosis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings: Of operations: massive pyonephroses, left
Of autopsy: pulmonary edema; atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold U. Freed M. D.
Address Sinai Hospital Date signed 12-14-40

Correct 16 Vital Statistics unfavorable. Physicians: please write the causes of death clearly and legibly.

F 75447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 E. 30th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 E 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel J. Linnamond

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Helena M.
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) June 18 1876
8. AGE: Years 64 | Months 5 | Days 26 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Office Manager (retired)
11. Industry or business Continental Can Co.

FATHER
12. Name Edward Linnamond
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary W. Wilkinson
15. Birthplace Ireland

16 (a) Informant Helena M. Linnamond
(b) Address 1814 E 30th St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.
18 (a) Funeral director John A. Myers
(b) Address 3000 E. Baltimore St. Huntington Hollander, Md.
19 (a) (Signature of local registrar) (b) Registrar

DEC 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/ 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13/ 19 40. to 12/14/ 19 40. and that I last saw h[illegible] alive on 12/12 19 40.

Immediate cause of death
Acute Cardiac Dilatation
Due to Coronary Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 1 day

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1520 E. 32nd Date signed 12/15/40

VS 3

F 75448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 122-B

F 75448 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINCE WHITE PEARNEL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Gough St. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Miss Mary Worsham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female. 5. Color or race: white. 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8-1858

8. AGE: Years 82 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business Home

FATHER 12. Name John H. Worsham
13. Birthplace Balto.

MOTHER 14. Maiden Name Cath. Gray
15. Birthplace Petersburg Va.

16 (a) Informant Mary J. Fleashley
(b) Address 1814 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Location Old Frederick Rd.

18 (a) Funeral director John G. Moran
(b) Address 3000 Baltimore St.

19 DEC 16 1940 (Local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-40 19 at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13-1940 to 12-14-1940 and that I last saw her alive on 12-14-1940.

Immediate cause of death: Intestinal Obstruction / Paralytic Duration 48 hrs ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D.
Address 2025 W. Fayette St Date signed 12-14-40 M. D.

VS 3

F 75449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 75449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Eden Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip J. Martin

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Martin
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1861

8. AGE: Years	Months	Days	If less than one day
79	1	28	hr. min.

9. Birthplace Md. (State, county, or foreign country)
10. Usual Occupation R.R. Track Foreman Retired
11. Industry or business

FATHER
12. Name Thomas Martin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dempsey
15. Birthplace Ireland

16 (a) Informant Helen Martin
(b) Address 1261 Eaton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location O'Donnell St. Ext.

18 (a) Funeral director J. J. Moran
(b) Address 3006 Balto St.

DEC 16 1940 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1940, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940, to 12-13 1940 and that I last saw him alive on 12-13 1940.

Immediate cause of death	Duration
Chronic Nephritis	unknown
Due to Uremia	3 days.
Due to	
Other Conditions Chronic Arteriosclerosis with Chronic Uremia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Chronic Nephritis Chronic Uremia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address St. Joseph's Hospital Date signed 12-13-40

VS 3

Name, age if especially important. Physicians: please write the causes of death clearly and legibly.

P 75450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Little Mabel Webb (60962)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1917

8. AGE: Years 23 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name George Little
13. Birthplace Md.

MOTHER
14. Maiden Name Irene Stanley
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Geo. L. Nelson
(b) Address 1303 Pleasant

DEC 16 1940 (Date rec'd by registrar) (b) Harrington for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1940, at 4:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14, 1940 to Dec. 13, 1940, and that I last saw him alive on Dec. 13, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 4 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D. M. D.

Address Balto. City Hospital Date signed 12-13-40

75451

HEALTH DEPARTMENT—CITY OF BALTIMORE

75451

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Etting St. 13-B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Edward Barbour

If U. S. Veteran specify WAR ...

(a) Residence: No. 2437 Etting St., ... Ward. S.S. 218-05-0579

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Barbour

6. DATE OF BIRTH (month, day, year) (Unknown) 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Eddie Barbour

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lillian Barbour

(Address) 611 Cumberland Street

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 12/17 1940

19. UNDERTAKER Geo. G. Nelson

(Address) 1303 Pleasant St

20. FILED DEC 16 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-5-40, 19..., to 12-14, 1940

I last saw him alive on 12-13, 1940. Death is said to have occurred on the date stated above, at 1:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unk

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... X-Ray

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. B. Butler M. D.

(Address) 2033 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 75452 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Regester st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mc Carthy JOHN. M. McCARTHY

MEDICAL CERTIFICATION

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-0392

20. DATE OF DEATH December 13 1940, at 3 10 P M

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1923

8. AGE: Years	Months	Days	If less than one day
17	6	24	hr. min.

9. Birthplace Harford Co., Md.
(Town, county, and state)

10. Usual Occupation Upholster

11. Industry or business Hoffman & Co.

FATHER
12. Name Thomas W.
13. Birthplace New York, N.Y.

MOTHER
14. Maiden Name Olive Jones
15. Birthplace Harford Co., Md.

16 (a) Informant Mother
(b) Address 1711 N. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor ave.

18 (a) Funeral director Edwina F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date received by Registrar) (b) Henrietta for Williams, M.D. Registrar

Immediate cause of death: Crushing injury of abdomen — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/13/40 1127 Washington St
(c) Where did injury occur? Hoffman Upholstery (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? yes
(Specify type of place)
(e) Means of injury Caught between elevator & floor

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 12/13/40

DEC 16 1940

75453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 E. Balto st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 E. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Giuseppe Citrano 216-03-6166

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6166

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Teresa Piazza
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18-1873

8. AGE Years	Months	Days	If less than one day
67	2	26	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Salvatore Citrano
13. Birthplace Italy

MOTHER
14. Maiden Name Baloch Leonarda
15. Birthplace Italy

16 (a) Informant Wife
(b) Address 2209 E. Balto st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Frank V. Pipistrone
(b) Address 248 E. Balto st

19 (a) Huntington Williams M.D. Registrar
(b) Date received DEC 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14th 1940, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Dec. 14, 1940, and that I last saw h alive on Dec. 1 1940.

Immediate cause of death: Acute Cardiac Dilatation. — Duration 8 Minutes
Due to Myocarditis. — 6 years.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Tognarelli M.D.
Address Medical Arts Bldg Date signed 12/15/40

F 75451 61758 CC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131-aF 25454

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Eastern (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mc Faul, Rose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1863

8. AGE: Years	Months	Days	If less than one day
57 ?		15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Welfare

11. Industry or business

FATHER

12. Name Daniel Mc Faul

13. Birthplace Ireland

MOTHER

14. Maiden Name Rose ? Wilkerson

15. Birthplace Scotland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Harford Road

18 (a) Funeral director Frank V. Pilpitone

(b) Address 2818 E. Balto St

19 (a) DEC 16 1940 (Date rec'd by registrar) (b) Interment for Williams M.P. Highway

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13-1940 at 12 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11-1940, to 12-13-1940, and that I last saw h[illegible] alive on 12-13-1940.

	Duration
Immediate cause of death Pneumonia	7
Due to Cerebrovascular hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address Balto City Hosp. Date signed 12-13-40

75455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D ✓ F 75455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline street
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3240 O'Donnell street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph H. Lohman

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212 10 0977

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife CATHERINE S. LOHMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 31 1909

8. AGE: Years	Months	Days	If less than one day
31	7 5	4 13	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation SHIPPING CLERK
11. Industry or business FOR J. S. YOUNG CO.

FATHER
12. Name GEORGE LOHMAN
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ROSE SEITZ
15. Birthplace BALTIMORE MD.

16 (a) Informant CATHERINE S. LOHMAN (WIFE)
(b) Address 3240 ODONNELL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 17/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 DEC 16 1940 (b) Huntington Williams, M.D.
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1940 to 12-14 1940 and that I last saw him alive on 12-13 1940.

Immediate cause of death	Duration
a hemic haphazard in uremia	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pericarditis Subacute Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Mellon Hunter M. D.
Address St Joseph Hospital Date signed 12-14-40

VS 3

Physicians: please write the causes of death clearly and legibly.

75456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E ✓ Registered No. B 75456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Rebbert

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Ann
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.): Sept 15 1894

8. AGE: Years 46 | Months 2 | Days 28 | If less than one day: hr. min.

9. Birthplace: Balto (City, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Balto. City

FATHER
12. Name: John G. Rebbert
13. Birthplace: Balto

MOTHER
14. Maiden Name: Mary B. Poppalt
15. Birthplace: Balto

16 (a) Informant: Mary Ann Rebbert (Wife)
(b) Address: 119 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd.

18 (a) Funeral director: Martin H. Zeppel
(b) Address: 37 S. Amity St.

19 (a) DEC 16 1940 (b) Huntington Williams, M.D. Address: 119 N. Patterson Park Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940 at 1:34 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-[illegible] 1940 to 12-13 1940 and that I last saw h[illegible] alive on 12-13 1940

Immediate cause of death: Calcinosis of the — Duration 2 yrs.
Due to: Chronic
Due to: Operation
Other conditions: Pneumonia of the Lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide 0
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Fred Rueppel M. D.
Address: 119 N. Patterson Park Ave Date signed 12-14-40

VS 8

75457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Waldorf Hotel - Charles & Fourth Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GRANT MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-0833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	s

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation night clerk

11. Industry or business Waldorf Hotel

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mr. Flitmore
(b) Address Waldorf Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40 (month) (day) (year)
(c) Cemetery or crematory St. Davids
Location Baltimore md

18 (a) Funeral director Albert W. Berry
(b) Address 440 E. Huntington Ave

DEC 16 1940 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 6 55 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration

Due to —

Due to —

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.

Date signed 12-16-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V F 75458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Lodge Aves.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4009 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

127

3 (a) FULL NAME Harry Lizzie Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mabel E. Brown
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 24-1870

8. AGE: Years	Months	Days	If less than one day
70	6	20	hr. min.

9. Birthplace Balto. - Md. (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business Building

FATHER
12. Name Walter I. Brown
13. Birthplace Phila., Pa.

MOTHER
14. Maiden Name Mary E. Lucas
15. Birthplace Phila., Pa.

16 (a) Informant Mrs. Mabel E. Brown (wife)
(b) Address 4009 Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-17-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director Stewart & Myers Co.
(b) Address 108 W. Mulberry

19 (a) DEC 16 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 7:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Hatfield M.D. Medical Examiner
Date signed 12/15/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75459 OF 61403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

F 75459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5012 Eugene Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bornhorn, Frederick (61403)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1889

8. AGE: Years	Months	Days	If less than one day
51	5 3	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August Bornhorn
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
(d) Funeral director Geo. M. Fenhagen
(e) Address 811 W. Lafayette Ave

18 Dec 1940

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

Left

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1940 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1940 to 12-14 1940, and that I last saw h[illegible] alive on 12-14 1940

Immediate cause of death: Carcinoma of the Stomach — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Kellert Jr. M. D.
Address Baltimore City Hosp. Date signed 12/16/40

VS 3

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75460

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 St. Paul St.
(c) Hospital or institution:
(Earl Court Apartments)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Heyden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Lewis L. Heyden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ----- 1874

8. AGE: Years	Months	Days	If less than one day
66	--	--	-- hr. -- min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Tunney
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Bridget Higgins
15. Birthplace ----- Ireland

16 (a) Informant Mrs. Nora J. Barrett
(b) Address 5503 South Bend Road

17 (a) Burial (b) Date thereof 12/17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

DEC 16 1940 (b) Baltimore, Md.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14th 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940, to Dec 14th 1940, and that I last saw h[illegible] alive on Dec 14 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	6 months
Due to Arterio-Sclerosis	
Due to	
Other Conditions U	

(Include pregnancy within 3 months of death)

Major findings:
Of operations U
Of autopsy U

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Blackwood M. D.
Address 1004 N. Calvert Date signed Dec 17 1940

75461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 75461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Lee Booth
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-32

8. AGE: Years	Months	Days	If less than one day
8	6	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jesse Booth
13. Birthplace W Va.

MOTHER
14. Maiden Name Zola Hall
15. Birthplace W. Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)
(c) Cemetery or crematory Philippi
Location West Virginia

18 (a) Funeral director John. D Mitchell
(b) Address 1700 Eutaw Place

DEC 16 1940 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940 at 8 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1940 to Dec 15 1940 and that I last saw her alive on Dec 15 1940

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to	
Due to	
Other Conditions Feeble minded	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 12/16/40

VS 3

75462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. E 75462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. near Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY B. STUBBS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-2322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gladys E. HANTSKE

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) MAY 8-1905

8. AGE: Years	Months	Days	If less than one day
35	7	7	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Fort Meade

FATHER
12. Name George Stubbs
13. Birthplace Nashville Tenn

MOTHER
14. Maiden Name Ida. M. Davis
15. Birthplace Balto Md

16 (a) Informant George Stubbs
(b) Address 2607 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)
(c) Cemetery or crematory Dorothy Ch. Yd.
Location Jacobsville Md

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie Md

19 (a) [illegible] Huntington Williamsport, Md.

Registrar

DEC 16 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15, 1940, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic

Due to Fracture of skull and

Due to and the cerebral contusion

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 13th, 1940
(c) Where did injury occur? Lenthurman Park and Furnace Road Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury Collapse of two canvas

23. Signature H. L. Wallenhorst M.D.
Medical Examiner.

Date signed 12-

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N F 75463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Eutaw Place
(c) Hospital or institution: Jenkins Conv. Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. College Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Dyson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Alice Dyson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22, 1862

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Jacob Dyson
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Raymond Dyson
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory Dyson Cemetary
Location Ellicott City Md

18 (a) Funeral director C. Augustus Thompson Jr.
(b) Address Ellicott City Md

(Signature of Registrar) Huntington Williams, M.D. Registrar

DEC 17 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1940 to Dec. 13 1940, and that I last saw h[illegible] alive on Dec. 7 1940.

Immediate cause of death: Hypertensive cardio-vascular renal disease — Duration 10 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George E. Barry Jr. M. D.
Address Ellicott City Md Date signed 12-16-40

F 75464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24-BF 75464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Gorsuch Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph D. Kenny

3 (b) If veteran, name war No
3 (c) Social Security Account No. 214-03-6170

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1884

8. AGE: Years 56 | Months 2 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business Insurance

FATHER
12. Name Patrick F. Kenny
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kavanaugh
15. Birthplace Md.

16 (a) Informant Rev Lambdin
(b) Address 1630 N. Caroline St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cox
(b) Address 1217 St. Paul St

19 (a) DEC 17 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1940, at 9 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1940 to 12-15 1940, and that I last saw h[illegible] alive on 12-15 1940.

Immediate cause of death: Coma of unknown origin
Due to: Portal thrombosis
Due to:
Other Conditions: Portal thrombosis
(Include pregnancy within 3 months of death)

Duration: [illegible] hours

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 12-15-40

VS 3

F 75465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a F 75465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2312 E. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 E. Hoffman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion C. Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amanda May Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8th 1870

8. AGE: Years	Months	Days	If less than one day
70	9	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name Marion Johnson
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rebecca Mitchell
15. Birthplace Bermuda Island

16 (a) Informant Amanda May Johnson
(b) Address 2312 E. Hoffman St

17 (a) Burial (b) Date thereof 12-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Olivet
Location St. Michaels Talbot Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 12-17-1940 (b) Huntington Williams M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15th 1940, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1940, to Dec. 15 1940, and that I last saw him alive on Dec. 15 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 hrs.
Due to Arteriosclerosis	8 yrs.
Due to	
Other Conditions Duodenal Ulcer	8 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert G. Sigmond M. D.
Address 1613 E. North Ave Date signed 12-16-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 75466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. F 75466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 647 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES P. RYAN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or~~ divorced.: Married

6 (b) Name of ~~husband or~~ wife: Margaret Ryan
6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Feb 13th 1872

8. AGE: Years: 68 | Months: 10 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Australia (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Patrick Ryan
13. Birthplace: Australia

MOTHER
14. Maiden Name: Anna (Unknown)
15. Birthplace: Australia

16 (a) Informant: Margaret Ryan
(b) Address: 647 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/19/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Cathedral
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) (Signature of Registrar) (b) Washington Wilkinson M.D.

DEC 19 1940 VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 15 1940, at 11 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia lobular
Due to: Fracture of lower fore ribs, left
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Dec 11th, 1940
(c) Where did injury occur? Lafayette & Pine Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury: pedestrian struck by auto

23. Signature: F. L. Wallenmeyer M.D.
Medical Examiner.
Date signed: 12-16-40

Please write as legibly as possible. Physicians: please write the causes of death clearly and legibly. The

75467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75467 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information asked for must be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W Barre St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH SIMOIYITIS.

3 (b) If veteran, name war

3 (c) Social Security Account No. 043-09-7114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Unknow
13. Birthplace Lith

MOTHER
14. Maiden Name Unknow
15. Birthplace Lith

16 (a) Informant Nephew Ruthus
(b) Address 325 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Annapolis Rd

18 (a) Funeral director Joseph Kaminskas Inc.
(b) Address 602 Washington Blvd

19 DEC 17 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940, at 2 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary	
Due to chronic	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 12-16-40

F 75468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-D F 75468 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tekla S. Narbut

3 (b) If veteran, name war V

3 (c) Social Security Account No. 220-09-6416

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Joseph Narbut
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66 YEARS			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Joseph Narbut
(b) Address 822 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bleek Rd

18 (a) Funeral director Joseph Kaminskas Son
(b) Address 60 E Washington place

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 15 1940 at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 27 1939 to DEC 15 1940 and that I last saw her alive on DEC 14 1940.

Immediate cause of death

Cerebro Vascular Disease — Duration: 1939
Due to Arteriosclerosis
Chronic Nephritis — Duration: 1940
Due to Arteriosclerosis

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Milan M. D.
Address 822 Washington Pl Date signed 12-16-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75469 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 S. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA. B LAZONIS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-01-0490

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Blazonis
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Peter Blazonis
(b) Address 220 S Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kassmaker Sr.
(b) Address 602 W Lafayette Ave.

DEC 17 1940 Harry Williams, M.D. Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1940, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 13 1940 and that I last saw her alive on Dec 13 1940.

Immediate cause of death Cardio Vascular Disease — Duration 1900

Due to Arteriosclerosis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Nolan M. D.
Address 6 E Lafayette Ave Date signed 12-16-40

75470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30-D

E 75470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 RUXTON AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

15

3 (a) FULL NAME Anne Berlin (ANNE BERLIN ADIR

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED (SEPARATED)

6 (b) Name of husband or wife E. P. ADIR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation PUBLIC STENOGRAPHER
11. Industry or business

FATHER
12. Name SOLOMAN BERLIN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-17-40 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD
DEC 17 1940

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St

19 (a) (Date received by registrar) (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1940, to 12/15 1940, and that I last saw her alive on 12/15 1940

Immediate cause of death
pericardial hemorrhage
Due to dissecting aneurysm of aorta
Due to arteriosclerosis
Other Conditions hypertension & myelonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy dissecting aneurysm

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Hurst M. D.
Address Sinai Hosp. Date signed 12/16/40

F 75471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-D F 75471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N Bouldin st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James C. D. Hessenauer Sr

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-2254

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elizabeth Hessenauer

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Apr 19, 1881

8. AGE: Years 59 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Oil worker

11. Industry or business Standard Oil

FATHER
12. Name Leonard Hessenauer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Eberhauer
15. Birthplace Balto

16 (a) Informant James C D Hessenauer Jr
(b) Address 3233 Shannon drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore

18 (a) Funeral director John Ellick
(b) Address 2008 Allen

19 (a) (Signature and title of informant) (b) Hunting for Will Baltimore, Md

DEC 17 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1940, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1940 to Dec 14 1940 and that I last saw h[illegible] alive on Dec. 14 1940.

Immediate cause of death: General Carcinomatosis

Due to: Carcinoma of bladder

Due to:

Other Conditions: Ascites - Pulmonary Emboli

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Bladder
Of autopsy: None

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold G. Draad M. D.
Address Sinai Hospital Date signed 12/14/40

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 75472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1930 Belair Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1930 Belair Road (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda E Mihm

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1868

8. AGE: Years 72 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business At Home

FATHER
12. Name Andrew Mihm
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara May Krantz
15. Birthplace Penna

16 (a) Informant Mrs August Miller
(b) Address 3603 Parkside Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 129 St Paul St

DEC 17 1940 (b) Hunting for Williams M.D.
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15th 1940 19 at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1940 to Sept 8 1940. and that I last saw her alive on Sept 8 1940.

Immediate cause of death: Coronary Artery Occlusion — Duration: 1 Day
Due to: Arterial Hypertension and Renal Insufficiency — 7 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M. D.
Address 7025 Winthrop Rd Date signed 12/16/40
Albert Greenberg, Asst Medical Examiner
for Dorothy M. Wantlaf

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 75473

Registered No.

Please answer all questions as specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 809 N. Gilmor St. (If rural give location)

16

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Moore (60811)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Eugene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1906

8. AGE: Years	Months	Days	If less than one day
34		16	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER

12. Name Harvey Terrell

13. Birthplace Va.

MOTHER

14. Maiden Name Sarah James

15. Birthplace Va.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. Co. Co.

18 (a) Funeral director Jas. L. Chase Co.

(b) Address 628 N. Eutaw St.

19 (a) DEC 17 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1940 at 7:55PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9, 1940 to Dec. 14, 1940. and that I last saw her alive on Dec. 14, 1940

Immediate cause of death Pulmonary Tuberculosis — Duration 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edmund B. Beacham M.D. M. D.

Address Balto. City Hospitals Date signed 12-16-40

VS 2

F 75474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-wF 75474

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 629 N. Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 629 N. Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Thomas Lancaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 15th 1893

8. AGE: Years	Months	Days	If less than one day
47	8	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Alexander Thomas

13. Birthplace Md

MOTHER 14. Maiden Name Laura Garrett

15. Birthplace Md

16 (a) Informant Delia Queen

(b) Address 629 N. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Sam'l. N. Chase & Son

(b) Address 638 N. Pitcher St.

DEC 17 1940 (a) (Local registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940 at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1940 to Dec 16 1940 and that I last saw h W alive on Nov 11 1940.

Immediate cause of death

Coronary Occlusion

Due to Arteriosclerosis and Hypertension and Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eva Lange M. D.

Address 603 N. Fremont Ave. Date signed Dec 17

J. L. Wallerstedt, M.D. Asst. Med. Examiner per E.K. Hunting

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75475 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Wilson (61279)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-4901

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Separated

6 (b) Name of husband or wife Geneva
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1910

8. AGE: Years	Months	Days	If less than one day
29	11	25	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ? James Edward Wilson
13. Birthplace ? Norfolk, Va

MOTHER
14. Maiden Name ? Lydia
15. Birthplace ? Norfolk, Va

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

DEC 19 1940

Left

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1940 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 1940 to Dec. 12, 1940, and that I last saw him alive on Dec. 12, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration Aug. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B Beacham M. D.
Address Balto. City Hospitals Date signed 12-12-40

If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

F 75476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Orleans St.
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 772 Linnard St
(c) City or town 772 Leonard St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Dempsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mildred M. Dempsey
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May 8, 1900

8. AGE: Years	Months	Days	If less than one day
40	7	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Sparrows Point P. L.

FATHER
12. Name James Dempsey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliz. Dempsey
15. Birthplace N. J.

16 (a) Informant Mrs. M. Dempsey
(b) Address 425 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore.

18 (a) Funeral director Rita Wedefeld
(b) Address 914 Greenmount Ave

DEC 17 1940 (Date received by Registrar) Huntington Woods Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940 to 12-15-1940 and that I last saw him alive on 12-15-1940.

Immediate cause of death Cardiac Decompensation — Duration

Due to Rheumatic Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry T. Watson, Jr. M. D.
Address St. Joseph's Hospital Date signed 12-15-40

VS 3

The cause and age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 75477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution:
Union Memorial Hosp. 4 day
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Guilford
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jennie Brice Sullivan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 17, 1865
8. AGE: Years 75 Months 18 Days 28 If less than one day hr. min.
9. Birthplace Baltimore, Md (1).
(Town, county, and state)
10. Usual Occupation O
11. Industry or business —

FATHER
12. Name — Brice
13. Birthplace Ireland

MOTHER
14. Maiden Name Corella Kuch
15. Birthplace Md.

16 (a) Informant Samuel Brice
(b) Address Baltimore Md
17 (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd
18 (a) Funeral director John J. Fahey & Son
(b) Address 818 Fremont Ave
19 (a) DEC 17 1940 Registrar
(Date rec'd by registrar)
Huntington Woods, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1940 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940 to 12-15 1940 and that I last saw h[illegible] alive on 12-15 1940

Immediate cause of death Coronary Thrombosis — Duration 4 days
Due to Arteriosclerotic Ht. Disease — Years
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp Date signed 12-15-40 M. D.

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

F 75478

Registered No.

Specially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. correct age is

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 Clifton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1545

3 (a) FULL NAME A. Victoria Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1902

8. AGE: Years	Months	Days	If less than one day
38	4	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business Baltimore City

FATHER
12. Name John E. Whittington
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Addie E. Owings
15. Birthplace A. A. Co. Md.

16 (a) Informant Mrs. A. E. Whittington
(b) Address 1833 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Baltimore Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Dec 15 1940 and that I last saw [illegible] alive on Dec 15 1940.

Immediate cause of death: Coronary Occlusion

Due to Valvular Myocarditis

Due to Cirrhosis of liver

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy

Duration
1 Y
[illegible]
yrs
own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Heath, M.D.
Address 1811 Eutaw Pl. Date signed Dec 16 1940

VS 8

75479 F 75479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapel Gate Lane
(c) Hospital or institution: Summit Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Hammonds Ferry Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE MacLEOD

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John MacLeod

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 31, 1863

8. AGE: Years 76 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Annapolis, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick C. Johnson
13. Birthplace Denmark

MOTHER
14. Maiden Name Mary Bennett
15. Birthplace Germany

16 (a) Informant Mr. Elmer J. MacLeod
(b) Address Superintendent Summit Nurs.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1940 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Dec. 15 1940, and that I last saw her alive on Dec. 15 1940.

	Duration
Immediate cause of death Chronic Nephritis	
Broncho-pneumonia (Secondary)	
Due to	
Due to	
Other Conditions Chronic Cystitis, Carcinoma of Bladder (Include pregnancy within 3 months of death)	own

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. E. Spitzmagle M. D.
Address Lansdowne, Md. Date signed

VS 3

Correct entries especially important. Physicians: please write the causes of death clearly and legibly.

75480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 W 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 W 28th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM WYNN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Eliza Wynn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1843

8. AGE: Years 97 | Months 2 | Days - | If less than one day hr. min.

9. Birthplace Blackstone Va (Town, county, and state)

10. Usual Occupation Nail

11. Industry or business

FATHER
12. Name William Wynn
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Va

16 (a) Informant Mrs. Stokes
(b) Address 390 W. 28th St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 922 N. Schroeder St
(c) Signature for Williams, M.D.

19 (a) DEC 19 1940 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 12-15-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 75481 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 Grayson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 Grayson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1607

3 (a) FULL NAME Emma McComas

3 (b) If veteran, name war -----

3 (c) Social Security Account No. None

4. Sex female | 5. Color or race Wht. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank J.McComas

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) April 30, 1869

8. AGE: Years 71 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER 12. Name Frederick Kuhl

13. Birthplace Germany

MOTHER 14. Maiden Name Christina Schultz

15. Birthplace Germany

16 (a) Informant Frank J.McComas

(b) Address 3005 Grayson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Robert S. Little

Address 2700 Edmondson Ave.

19 (a) [illegible] (Signature of person who rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1940, at 10 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1940 to Dec 15 1940 and that I last saw h.. alive on Dec 14 1940

Immediate cause of death Dermal Carcinomatosis

Due to Adeno-Carcinoma (Sarkic)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration: 7 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Wilson M. D.

Address 4000 Edmondson Ave Date signed 12-16-40

Filed DEC 18 1940

Registrar

Correct if not especially important. Physicians: please write the causes of death clearly and legibly.

F 75482

OF

61768 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 75482

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1604 Latrobe Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Gallop (Lillian)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/40

8. AGE: Years	Months	Days	If less than one day
			½ hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER — 12. Name Lassear

13. Birthplace North Carolina

MOTHER — 14. Maiden Name Lillian Simpson

15. Birthplace South Carolina

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-13-40 (month) (day) (year)

(c) Cemetery or crematory

Location Baltimore City Hospitals

18 (a) Funeral director

(b) Address

DEC 17 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1940, to Dec. 6 1940, and that I last saw him alive on Dec. 6 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. William Dorman Jr., M. D. M. D.

Address Baltimore City Hospitals Date signed 12-13-40.

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 75483 Registered No.

Please write PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Baltimore, Md.

(b) Street address N. Broadway

(c) Hospital or institution: Church Home + Infirmary.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 221 S. Highland Ave, (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Henry Stahl

3 (b) If veteran, name war —

(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mrs. Theresa Stahl

6 (c) If alive, give age deceased

7. Birth date of deceased (mo., day, yr.) July 3, 1873

8. AGE: Years	Months	Days	If less than one day
67	11	15 12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER — 12. Name Fred Stahl

13. Birthplace Germany.

MOTHER — 14. Maiden Name Caroline Wolbrandt

15. Birthplace Germany.

16 (a) Informant Mrs. Lavey Stahl

(b) Address 221 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood.

Location

18 (a) Funeral director Wendell E Humphreys

(b) Address 1501 N. Broadway

19 (a) Date rec'd by registrar 12-17-1940 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1940 to Dec 15 1940 and that I last saw h. alive on Dec 15 1940.

Immediate cause of death Hypostatic Pneumonia — Duration 48 hrs.

Due to Epithelioma of Prostate + Metastases — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. Schumann Guerin M. D.

Address Church Home + Inf. Date signed 12-15-40.

VS 3

F 75484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 75484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Pinewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F. Rohfling (Rohfling)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Rohfling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/1888

8. AGE: Years 52. | Months 6 | Days 9 | If less than one day ✓ hr. ✓ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Sergt. Police Dept

11. Industry or business Baltimore City

FATHER
12. Name Franklin Rohfling
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Louise ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Elizabeth Rohfling
(b) Address 3032 Pinewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/40 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) (Date received by Registrar) DEC 17 1940 (b) Hunting ft. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1940, at 8:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13-1940 to 12-14-1940, and that I last saw him alive on 12-14 1940.

Immediate cause of death: Coronary Thrombosis — Duration 2 days

Due to

Due to

Other Conditions: Pulmonary infarction, Kidney infarction — 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller M. D.
Address University Hosp. Date signed 12-14-40

M. D. B. 1938-9

F 75485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75485

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Parrish St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Carter

(a) Residence: No. 1430 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John W. Carter

6. DATE OF BIRTH (month, day, year): 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St. Marys Co., Md.

FATHER

13. NAME: Phil Shaw

14. BIRTHPLACE (city or town) (State or country): St. Marys Co., Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): St. Marys Co., Md.

17. INFORMANT: William Carter

(Address) 1430 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/18, 1940

19. UNDERTAKER: Geo. L. Kelson

(Address) 130 S. Pierpont

20. FILED DEC 17 1940 Hunting for Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-16-, 1940

22. I HEREBY CERTIFY, That I attended deceased from August 5 1940 to Dec. 16, 1940

I last saw h[illegible] alive on Dec. 15, 1940 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	1937

Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Page M. D.

(Address) 516 E. Monument St.

V. S. 3

F

INSTRUCTIONS: WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44-B

Registered No. F 75486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Franklin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilton Holmes

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1920

8. AGE: Years	Months	Days	If less than one day
20	10	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Holmes
13. Birthplace Maryland

MOTHER
14. Maiden Name Venes ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. A. Kelson
(b) Address 1343 Presstman St

19 DEC 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1940 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15-1940 to 12-15-1940, and that I last saw h[illegible] alive on 12-15-1940

Immediate cause of death	Duration
Malignant disease	3 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Malignant Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature [illegible] M. D.
Address Balto City Hosp Date signed 12-16-40

Dr. Howard A. Kelly, Chief Medical Exam
per Dorothy M. Wentzel

F 75487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Pierce Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Pierce Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. Wm. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W. W.	— ? —	Male	Negro	Married - deformed

6 (b) Name of husband or wife Hattie Smith
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 5, 1899

8. AGE: Years	Months	Days	If less than one day
41	7	9	hr. min.

9. Birthplace St. Mary Co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Poultry

FATHER
12. Name Alexander Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Julia —
15. Birthplace Unknown

16 (a) Informant Anna Broomes
(b) Address 623 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director Geo. E. Nelson
(b) Address 130 E. Brightman St
(c) Date received (by Registrar) DEC 17 1940 (d) Signature for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-1940, at 5:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Advanced Acute Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 12-15-40

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 75488 Cc 59486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

86-a

F 75488 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 27-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 21 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Hosekemp Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? 62 yrs. years

3 (a) FULL NAME Emma Summers SUMMERLAND.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~~Peter~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1869

8. AGE: Years 71 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Henry Stewart
13. Birthplace England

MOTHER
14. Maiden Name Emma Love
15. Birthplace England

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leo. and J. Thomas
(b) Address 5305 Reisterstown Rd.

19 (a) (Date received by Local Registrar) (b) Registrar

DEC 17 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-40 1940, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1940, to 12-15 1940, and that I last saw her alive on 12-15-40 1940.

Immediate cause of death: Coronary thrombosis Heart disease
Cardiac failure

Due to: Intertrochanteric fracture L. femur

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
?
2 wks?
3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/24/40
(c) Where did injury occur? Baltimore (City or town) Balt. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fell down steps

23. Signature Johnson C. Hilbert Jr. M.D.
Address Baltimore City Hosp Date signed 12-16-40

O.K. [illegible] [illegible]

75489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 75489 Registered No.

Type or print with pen and ink. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Ridgehill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Ridgehill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin A. Mittnacht Jr

3 (b) If veteran, name war Sp. Am. War
3 (c) Social Security Account No. None
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Ida E. Mittnacht
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 17, 1869
8. AGE: Years 71 | Months 1 | Days 28 | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business Own

FATHER
12. Name Benjamin A. Mittnacht Sr
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Workmour
15. Birthplace

16 (a) Informant Etta Gunstead
(b) Address 1926 Ridgehill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Baltimore, Md

18 (a) Funeral director Durward L. Carrington
(b) Address 21 W. 25th St

DEC 17 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to Dec 15 1940 and that I last saw h.. alive on Dec. 15, 1940

Immediate cause of death Congestive Cardiac Failure — Duration 2 days

Due to Arteriosclerotic H.D. — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustav Hughstein M. D.
Address 2726 Penna. Ave Date signed 12-16-40

175490

BALTIMORE CITY HEALTH DEPARTMENT

61874 DH

CERTIFICATE OF DEATH

46-B

Registered No. E 75490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 E Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Hofmann (Frederick L. Hoffman)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1864

8. AGE: Years	Months	Days	If less than one day
76	4	29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business O & P

FATHER
12. Name Lewis Hofmann
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Koffenberger
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Langdon Funeral Home
(b) Address 2401 Belair Road

19 (a) DEC 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1940, at 2:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1940 to 12/16 1940, and that I last saw h alive on 12/16 1940.

Immediate cause of death	Duration
Ruptured peptic ulcer	8 hrs.
Post-operative Shock	5 hrs.
Due to Hypertension C.V. Disease	?
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Questionable perforated peptic ulcer 12-16-40
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Tellet Jr. M. D.
Address Baltimore City Hosp. Date signed 12/16/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 East 25491 Registered No.

Type or PRINT PLAINLY IN INK OR UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Scott

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Sept. 19th 1885

8. AGE: Years 55 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace St Marys Co. Md.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jerome Toles

13. Birthplace Va.

MOTHER 14. Maiden Name Mariah Lee

15. Birthplace Va.

16 (a) Informant Marie Brown

(b) Address 835 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn A. Av. Co. Md.

18 (a) Funeral director Belfont Mamie W. Wright

(b) Address 1218 McElderry St

19 DEC 17 1940 (Registered by number) Huntington Nathaniel, M.D. (Signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1940, at 8 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations \
Of autopsy \

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G Helfrich M.D. Medical Examiner.

Date signed 12/18/40

75492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Jackson Wisner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Charles W. Wisner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1848

8. AGE: Years 92 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Towson, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name William Jackson
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Elizabeth Koontze
15. Birthplace Pa.

16 (a) Informant Charles W. Wisner, Jr.
(b) Address 2033 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John Carmichael Sons
(b) Address 1900 Eutaw Place, Baltimore

DEC 17 1940 (Date rec'd by registrar) (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Dec 16 1940 and that I last saw h[er] alive on Dec 15 1940

Immediate cause of death: Cerebral Hemorrhage. — Duration: 1 mo.

Due to: Arteriosclerosis — Duration: 10 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hearn F. Freeman

Address 6 E. Biddle St. Date signed 12/17/40 M. D.

VS 2

Copy age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

75493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 75493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 W. Henrietta St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Girl Bushrod

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-30-40

8. AGE: Years | Months | Days 1 & 17 | If less than one day ____ hr. ____ min.

9. Birthplace 204 W. Henrietta St (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business —

FATHER 12. Name Delmar Bushrod
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary Robertson
15. Birthplace Baltimore Md.

16 (a) Informant Delmar Bushrod
(b) Address Baltimore Md

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL DEC 17 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) DEC 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17 1940, at 12:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1940 to 12-17 1940, and that I last saw her alive on 12-17 1940.

Immediate cause of death Toxemia — Duration 3 Days

Due to Diarrhea — 3 wks

Due to Gastroenteritis — 2 wks

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. R. Williams M. D.
Address Univ. Hosp. Date signed 12-17-40

VS 2

6119

Please answer all questions as completely as information should be carefully supplied. The items are all important. Physicians: please write the causes of death clearly and legibly.

75491 61585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 75491 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ? (b) County
(c) City or town ? (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 12 ✓

3 (a) FULL NAME Leroy, James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 9			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL DEC 17 1940 Commissioner of Health
Per M. A. Moore

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 (a) DEC 17 1940 (Date rec'd by registrar) 6120 Registrar

V8 3

MEDICAL CERTIFICATION

30

20. DATE OF DEATH 12-11- 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4- 1940, to 12-11- 1940, and that I last saw him alive on 12-11- 1940.

Immediate cause of death: The. meningitis — Duration 5

Due to Pulm. tbc — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-16-40

75495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 75495 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME William Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1885

8. AGE: Years 55 | Months 1 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Thompson
13. Birthplace Maryland

MOTHER
14. Maiden Name Welchy Downs
15. Birthplace Maryaldn

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) UNIVERSITY MEDICAL SCHOOL DEC 17 1940 Commissioner of Health
Location

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) DEC 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
6121

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1940, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1940, to 12/4 1940, and that I last saw him alive on 12/4 1940.

Immediate cause of death Arteriosclerotic heart disease
cardiac failure — Duration ?

Due to Carcinoma of esophagus & metastasis — Duration 1 yr.

Due to — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R Gehlert Jr M. D.
Address Baltimore City Hosp. Date signed 12/7/40

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Any item of information should be carefully supplied.

F 75496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75496 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Mar

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name McMorran
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) UNIVERSITY MEDICAL SCHOOL DEC 17 1940
Location Commissioner of Health

18 (a) Funeral director Rev H. A. Moody
(b) Address Huntington Pallisades,

19 (a) DEC 17 1940 (b) 6122
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940 at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration own

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William G Kelsch M.D.
Medical Examiner.
Date signed 12/9/40

VS 6

IMPORTANT—CAREFUL READING ENTIRE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 75497 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WRITE PLAINLY WITH FADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph R. Pasour
3 (b) If veteran, name war
3 (c) Social Security Account No. 705-12-4322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Alberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1905

8. AGE: Years	Months	Days	If less than one day
35	11	12	hr. min.

9. Birthplace Dallas, North Carolina (Town, county, and state)
10. Usual Occupation Planter
11. Industry or business Standard Sanitary Mfg. Co.

FATHER
12. Name Eli Pasour
13. Birthplace Dallas N. C.

MOTHER
14. Maiden Name Stella Hoffman
15. Birthplace Dallas N. C.

16 (a) Informant Alberta F. Pasour
(b) Address 1720 W Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) 18 (day) 1940 (year)
(c) Cemetery or crematory 1st Baptist
Location Dallas N. C

18 (a) Funeral director Charles B. Cooper
(b) Address 514 N. Calhoun St.

DEC 17 1940 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 1:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate Cause of death: Bullet wound of heart — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~Suicide, or Homicide~~ Homicide
(b) Date of occurrence 12/14/40
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Bullet - gun; 32 Cal. - pistol

23. Signature W. B. Underhill M.D. Medical Examiner.
Date signed 12/14/40

VS 6

F 75498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Granite (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Dougans

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-07-4096

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anita [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-25-1908

8. AGE: Years	Months	Days	If less than one day
32	-	23	hr. min.

9. Birthplace Landford, Va.
10. Usual Occupation Engineer
11. Industry or business Arundel Sand & Gravel Co.

FATHER
12. Name Reuben D. Dougans
13. Birthplace Virginia

MOTHER
14. Maiden Name Cora Lee Gooden
15. Birthplace Virginia

16 (a) Informant William D. Dougans
(b) Address Granite, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Ellicott City, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940 to Dec 17 1940 and that I last saw h[illegible] alive on Dec 17 1940.

Immediate cause of death: Typhoid fever — Duration: 1 month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Typhoid fever

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S. Harte, M.D.
Address University Hospital Date signed Dec 17

Certificate is especially important. Physicians: please write the causes of death clearly and legibly.

75499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 75499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724-Mura Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724-Mura Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Thomas Joseph Whalen

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary M. Gallagher
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) 8/18.1854

8. AGE: Years	Months	Days	If less than one day
86	3	27	- hr. - - - min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Retired -Street Cleaner
11. Industry or business Balto. City

FATHER
12. Name Daniel Whalen
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine (O'Connor)
15. Birthplace Ireland

16 (a) Informant James M. Whalen
(b) Address 724-Mura Street

17 (a) Burial (b) Date thereof 12/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross H-Md
Location Baltimore, Md

18 (a) Funeral director George A. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) DEC 17 1940 (Received by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 16 1940 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 3 1940 to Dec 16 1940, and that I last saw him alive on Dec 14 - 1940.

Immediate cause of death

Edema of Lungs — Duration: 1 day

Due to Chronic Myocarditis — 5 yrs

Due to

Other Conditions Chronic Interstitial Nephritis — 1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 2 North Ave Date signed 12/16/40

VS 3

Physicians: please write the causes of death clearly and legibly.

F 75500 HEALTH DEPARTMENT—CITY OF BALTIMORE F 75500

CERTIFICATE OF DEATH. 83a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Mount ST. 16 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Maynard Mayfield

(a) RESIDENCE No. 707 N. Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of Emily B. Mayfield

6 DATE OF BIRTH (month, day, and year) 6 Apr. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	9	

8 OCCUPATION OF DECEASED Veterans nurse

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Richard Mayfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mc Fabian Ouls

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Cora Webb

(Address) 707 N. Gilmor St

Filed DEC 17 1940 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1940

17 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1940, to Dec. 17, 1940,

that I last saw h[illegible]live on 12.14, 1940,

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Gen. Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. S. Taylor M. D.

, 19 (Address) 1522 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL Dec 18, 1940

20 UNDERTAKER Mrs Katie R Williams ADDRESS 322 N Schroeder St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

75501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 75501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Herrick Hall Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-7741

4. Sex: male | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-9-1909

8. AGE: Years 31 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wirden Pearlen
13. Birthplace Md

MOTHER 14. Maiden Name Mary Smith
15. Birthplace Va.

16 (a) Informant Mary Johnson
(b) Address 646 Pitcher st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 19 40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsa ave

19 DEC 17 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1940, to 12-15 1940, and that I last saw him alive on 12-15 1940 at 12:05

Immediate cause of death
1. Ruptured Gastric ulcer
2. Secondary Hemorrhage
Due to Peritonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated gastric ulcer. Secondary hemorrhage Peritonitis
Of autopsy None

Duration: 2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hamilton Phillips M. D.
Address 1517 Division St Date signed 12/16/40

PLEASE WRITE PLAINLY. Physicians: please correct age is especially important.

VS 3

75502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 75502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Preston (Pathel) (60475)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0034

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife Maggie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1904

8. AGE: Years	Months	Days	If less than one day
36	8	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name James
13. Birthplace N. Car.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md
18 (a) Funeral director William A. Jackson
(b) Address 916 Pethmeade
19 (a) DEC 21 1940 (Date received by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1940, at 5:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29, 1940, to Dec. 17, 1940, and that I last saw him alive on Dec. 17, 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature Edmund B. Beacham M. D. M. D.
Address Balto. City Hospital Date signed 12-17-40

VS 3

F 75503 HEALTH DEPARTMENT—CITY OF BALTIMORE F 75503

CERTIFICATE OF DEATH

161-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Gilmor St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alphonse Gilles

If U. S. Veteran specify WAR .....

(a) Residence: No. 318 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/17/40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Nathaniel Gunn

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Arbuna Gilles

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Arbuna Gilles

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER UNIVERSITY MEDICAL SCHOOL DEC 17 1940

(Address) Commissioner of Health

20. FILED DEC 17 1940 Registrar.

6125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1940 to 12-17, 1940

I last saw h... alive on 12-16-, 1940 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage — Cause of Abortion — Date of onset 12/16

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Jaeger M.D.

(Address) 607 N Eutaw St

information should be given, and state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

F 75504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-C

F 75504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~today~~ 15½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolyn Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			15½ hrs. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Nelson
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery UNIVERSITY MEDICAL SCHOOL DEC 17 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Mod Huntington Williams, Inc.
(b) Address

19 (a) DEC 17 1940 (b) (Date rec'd by registrar) 6124 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1940 to 12-3 1940 and that I last saw h[illegible] alive on 12-3 1940.

Immediate cause of death Pneumonia (Bronchial)

Due to aspiration of amniotic fluid.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
~~today~~ 15½ hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Wilbur Mueller M. D.
Address St. Joseph's Hosp. Date signed 12/17/40

75505 61844 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 75505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1917 Griffiss Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter D. Hooper

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Sarah Fowler

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 15, 1884

8. AGE: Years	Months	Days	If less than one day
56	5	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Chef

11. Industry or business

FATHER 12. Name Benjamin A. Hooper

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Schmick

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A. A. Co.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) 12/19/40 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15-1940, at 11:03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1940 to 12-15-1940 and that I last saw h~~im~~er alive on 12-15-1940.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to: Diabetes Mellitus	
Due to: Ca of Bladder	years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas Robertson M. D.

Address Balto City Hosp Date signed 12-16-40

F 75506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-W

F 75506

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 E. 28th. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 E 28th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Baynard. Price

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura A.

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) April 25, 1858

8. AGE: Years 82 | Months 7 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business

FATHER
12. Name George M. Price
13. Birthplace Deleware

MOTHER
14. Maiden Name Eliza A. Carter
15. Birthplace Va.

16 (a) Informant Mr. Charles A. Price
(b) Address 310 Thornhill Rd, Homeland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18. 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave,

18 (a) Funeral director John. A Moran
(b) Address 3000 E. Baltimore St,

19 (Date rec'd by registrar) Huntington Willquist, M.D. Registrar

Dec 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Dec 15 1940, and that I last saw him alive on Dec 14 1940

Immediate cause of death	Duration
Uraemia	3 d.
Due to Acute pneumococcic Meningitis Meningoencephalitis	14 d.
Due to Chronic Interstitial Nephritis, Arteriosclerosis	14 d. 14 d.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos F A Stevens M.D.
Address 2878 Harford Av Date signed 12-16-40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a competent person to prepare this certificate, correct one is especially important. Physicians: please write the causes of death clearly and legibly.

F 75507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 25507

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3617 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Becker

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-9984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife 1862

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Paper hanger

11. Industry or business

FATHER
12. Name Moses Becker
13. Birthplace Russia

MOTHER
14. Maiden Name Isabaum
15. Birthplace Russia

16 (a) Informant Estelle Becker
(b) Address 3617 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)

(c) Cemetery or crematory Woodmere Cem.
Location Donnell St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Fayette

(Date rec'd by registrar) (Registrar) Huntington Williams, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be correctly answered. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940 at 2:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wade Gritt M.D.
Medical Examiner.
Date signed 12/17/40

75508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 121

F 75508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits write RURAL and give town)
(d) Street No. 44 Glenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Julia Dunlap

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	W

6 (b) Name of husband or wife Harry E Dunlap
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1873

8. AGE: Years	Months	Days	If less than one day
67	11	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Michael Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Daly
15. Birthplace Nora Scotia

16 (a) Informant Eugene Heffman
(b) Address 44 Glenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address 1540 Eutaw St

19 (a) DEC 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1940, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1940, to Dec. 15 1940 and that I last saw h[illegible] alive on Dec. 15 1940.

Immediate cause of death Generalized peritonitis
Intestinal Obstruction
Due to Dangerous appendicitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Dangerous appendicitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. T. Nurse M. D.
Address St. Agnes Hosp. Date signed 12/15/40

VS 8

75509

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

Registered No. E 75509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. ~~(yrs., mos.,~~ or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 North Bend Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Hilhelmina Yiengar

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Geis
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Pfeifer
15. Birthplace Germany

16 (a) Informant Dept Rec'd
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Sulphur Springs Md

19 DEC 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1940 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1940, to Dec 16 1940, and that I last saw her alive on Dec 16 1940.

Immediate cause of death	Duration
Cerebral hemorrhage left Side	5 hours
Pulmonary Thrombosus	6 hours
Due to General Arteriosclerosis	
Due to	
Other Conditions Diabetes mellitus	5 Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P. Hayes M. D.
Address 336 Frederick Ave Date signed

75510

HEALTH DEPARTMENT—CITY OF BALTIMORE

75510

CERTIFICATE OF DEATH

92-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Fosterave St.) (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Roppelt.

(a) Residence: No. 2617 Foster ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad. Roppelt

6. DATE OF BIRTH (month, day, year) Sept 8-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86.	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris France

FATHER

13. NAME William. Stein

14. BIRTHPLACE (city or town) (State or country) Paris France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Paris France

17. INFORMANT Mary Hugo

(Address) 2617 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 19 1940

19. UNDERTAKER Wendell J. Rippel

(Address) 212 S. Highland ave

20. FILED DEC 17 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/15 1940 to 12/15 1940

I last saw her alive on 12/15 1940 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
old age -	yrs
cardiac Hypertrophy	1
and Dilatation	years
Other contributory causes of importance: Starvation while in coma.	3 weeks ½

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Edward M. D.

(Address) Medical Arts Bldg

Information should be carefully given, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 75511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 75511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 195 E. OSTEND ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs 3

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 195 E. OSTEND
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CAREY E. SEBREE

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	217-01-4163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FLORENCE GETTIER SEBREE
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) OCT. 26, 1881

8. AGE: Years	Months	Days	If less than one day
59	1	18	hr. min.

9. Birthplace VIRGINIA (Town, county, and state)
10. Usual Occupation CARPENTER
11. Industry or business SHIP YARDS

FATHER
12. Name J. SEBREE.
13. Birthplace VA.

MOTHER
14. Maiden Name UNKNOWN.
15. Birthplace

16 (a) Informant MRS. FLORENCE SEBREE
(b) Address 195 E. OSTEND ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/16/40 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Mary M. Handyside W.
(b) Address 501 E. 20th St.

19 (a) DEC 16 1940 (Date received by registrar) (b) Hunting Ft. Williams, M.D. (Signature of registrar)

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 14, 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1940, to Dec. 14, 1940, and that I last saw h[illegible] alive on Dec. 14, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage.	
Due to Hypertensive cardio-vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Friedman, M.D.
Address 1319 Light St. Date signed 12/16/40

F 75512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 75512 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 Chesterfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Chesterfield Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathan Henry Stiner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mamie Stiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	4	2		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Ironing & Woman
11. Industry or business Life Ins

FATHER
12. Name Benjamin Stiner
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah Hutchins
15. Birthplace Baltimore Md

16 (a) Informant Nelson C. Stiner
(b) Address 2707 Chesterfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Woodland Cem
Location Baltimore Md

18 (a) Funeral director Wilhelm & Co
(b) Address 129 E Cold St

19 (a) DEC 18 1940 (b) Baltimore, Md
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 1:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to Dec 17 1940, and that I last saw [illegible] alive on Dec 16 1940.

Immediate cause of death	Duration
Lobular Broncho Pneumonia	2 days
Due to Myocarditis	6 months
Due to Hypertensive Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 606 E Baltimore St Date signed 12/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death so correct age is especially important.

VS 3

F 75513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 75513 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Mulvin
(c) If hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Maryland Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph B. Lowry
3 (b) If veteran, name war No
3 (c) Social Security Account No. 247-03-8007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Evelyn Lowry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 27, 1906
8. AGE: Years 34 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Lark, Md (Town, county, state)
10. Usual Occupation Auto mechanic
11. Industry or business

FATHER
12. Name Howard Lowry
13. Birthplace York Md

MOTHER
14. Maiden Name Catherine Fowler
15. Birthplace Baltimore Md

16 (a) Informant Howard Lowry
(b) Address 810 E Fayette St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory York Methodist
Location York Pa
18 (a) Funeral director Geo Gay
(b) Address 1219 E Cold St
19 (a) (b) Registrar

DEC 18 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17 1940 at 6:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940 to 12-17 1940.
and that I last saw him alive on 12-17 1940.

Immediate cause of death	Duration
Tuberculosis Meningitis	1 hr
Due to Pulmonary Tuberculosis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Tbc

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Luther B Mutterath M. D.
Address Md. Gen. Hosp Date signed 12-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

F 75514 / BALTIMORE CITY HEALTH DEPARTMENT / 31-a F 75514

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or institution:
Aged Mens + Womens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

19

3 (a) FULL NAME Mr Lloyd Ruppert

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1851

8. AGE: Years	Months	Days	If less than one day
89	7	4	hr. min.

9. Birthplace Baltimore Co
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Ruppert
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Macaboy
15. Birthplace unknown

16 (a) Informant Miss Kapp
(b) Address 1400 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Wilmer Leak
(b) Address 1217 St Paul St

19 (a) Date received (b) Registrar
DEC 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1940, at 8 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/27 19..., to 12/17/40, and that I last saw him alive on 12/16/40 19...

Immediate cause of death	Duration
Chronic hypertensive cardio-vascular-renal disease.	7 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jones, M.D.
Address 1115 St. Paul St., Date signed 12/17/40

PLEASE WRITE PLAINLY. Please fill in all items. Information must be complete and correct age is especially important. Physician: please write plainly.

F 75515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 75515

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louise Hobson

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Richard A. Hobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9. 1866

8. AGE: Years 74 | Months 4 | Days 8 7 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER — 12. Name James D Hockaday
13. Birthplace Va

MOTHER — 14. Maiden Name Jane Jenkins
15. Birthplace Va. Va.

16 (a) Informant Mrs H. E. Seymour
(b) Address 2806 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn Baltimore Co

18 (a) Funeral director Fullerton Funeral Home
(b) Address 1217 E Fort Ave

19 (a) (Date received by registrar) (b) Registered No.

DEC 18 1940

VS 5

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death in such terms as will correctly and accurately describe the condition. Do not use abbreviations or symbols. Please correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1940, to Dec. 16 1940, and that I last saw her alive on Dec 16 1940.

Immediate cause of death: Hypertension, Cardio-Vascular Renal disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Dec. 17

F 75516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 75516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 Hilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5

3 (a) FULL NAME Harry F Miller

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie L Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1863

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	9			

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation: Farmer Self
11. Industry or business

FATHER
12. Name Herman J Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Jennie Miller
(b) Address 1045 Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson Col
(b) Address 1211 E Fayette St

19 (a) (Signature of registrar) (b) Huntington Williamsport Md

DEC 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 11:57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Dec 16 1940, and that I last saw h[illegible] alive on Dec 16 1940.

Immediate cause of death	Duration
Cardio-Vascular Disease	3 mos
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Aubrey Seagmiller M. D.
Address 1729 W Lombard St Date signed Dec 17 '40

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure to give correct age in years. Physicians: please write the cause of death in terms which are especially important.

F 75517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 75517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution:
St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) (Life) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Barclay Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Callahan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-09-2175

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: No
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1898

8. AGE: Years	Months	Days	If less than one day
42	4	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business

FATHER
12. Name John Callahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ella Shea
15. Birthplace Ireland

16 (a) Informant John A. Callahan
(b) Address 1614 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral
Location Baltimore Md

18 (a) Funeral director Milton Co
(b) Address 129 E Pleasant St

19 (a) Date received by registrar DEC 18 1940 (b) Registration No. Washington Medical M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1940, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1940, to 12-16 1940 and that I last saw him alive on 12-16 1940.

Immediate cause of death: Myocardial Failure — Duration: 3 days
Due to: Hypertensive C-V Disease — Duration: Indeterminate
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Hypertrophied Heart Congestion of Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Miller Martin M. D.
Address St Joseph Hospital Date signed 12/17/40

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure to answer every question. Do not leave any blanks. If none, write none, or insert 0 (zero) where the answer is zero. Please see that your answers are complete and correct as age is especially important. Physicians: please write the cause of death in such terms as can be understood by the laity. Do not use abbreviations or symbols.

VS 8

F 75518

38965-0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52-B

F 75518

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Duncan (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Reeves

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Roland Le Reeves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1875

8. AGE: Years	Months	Days	If less than one day
65	2	11	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace England

MOTHER
14. Maiden Name
15. Birthplace England

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Dulaney
Location Baltimore Md

18 (a) Funeral director Wilson Co
(b) Address 1211 E Fayette St

19 (a) DEC 18 1940 (Date received by Registrar) (b) Interred Ft Williams Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940 at 5 27 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to Dec 16 1940, and that I last saw her alive on Dec 16 1940.

	Duration
Immediate cause of death: Carcinoma of the bladder	
Due to: ?	
Due to: —	
Other Conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations, Biopsy showed Carcinoma -
Of autopsy Carcinoma bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Bonnett M.D.
Address Johns Hopkins Hospital Date signed 12/17/40

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause

F 75519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75519 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DeWitt P. Miller

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Carrie M. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1863

8. AGE: Years	Months	Days	If less than one day
77	2	27	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Rochschild Kohn Co

FATHER
12. Name Lewis Miller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Zackery
15. Birthplace Balto Md

16 (a) Informant Carrie M. Miller
(b) Address 2613 Guilford Ave

17 (a) Druid Ridge (b) Date thereof 12/14/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Huntington Williams Registrar

DEC 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 to Dec 16 1940 and that I last saw him alive on Dec 15 1940.

Immediate cause of death
Cardiac decompensation
Cardio vascular hypertension
Due to

Due to

Other Conditions Two cerebral hemorrhages.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
14 days

two days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas M. Settle M. D.
Address 2435 Maryland Ave Date signed 12/16/40

PLEASE WRITE PLAINLY. Physicians: please write the cause correct age is especially important.

F 75520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75520 Registered No. 94-0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Richwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Richwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Furlong

3 (b) If veteran, name war no | 3 (c) Social Security Account No. 217-01-1693

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Clara E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1889

8. AGE: Years	Months	Days	If less than one day
53	1	25	hr. min.

9. Birthplace Harford Co, Md (Town, county, and state)
10. Usual Occupation Athletic Director
11. Industry or business Baltimore Athletic Club

FATHER
12. Name John L. Furlong
13. Birthplace Harford Co, Md

MOTHER
14. Maiden Name Alice Butler
15. Birthplace Harford Co, Md

16 (a) Informant Clara E Furlong
(b) Address 514 Richwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Forbush
Location Forbush Md

18 (a) Funeral director Tilhom (or)
(b) Address 1219 E Cold

19 (a) 12-18-1940 (Date received by registrar) (b) Hunting Town Villiams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 2 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B Landstreet M.D. Medical Examiner.
Date signed 12/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly.

F 75521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-0

F 75521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Bethesda Funeral Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Ellamont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lieu How (LIEU HOW)

3 (b) If veteran, name war: yes
3 (c) Social Security Account No. 60

4. Sex: M | 5. Color or race: Yellow | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Sher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1851

8. AGE: Years: About 89 | Months | Days | If less than one day: hr. min

9. Birthplace: China (Town, county, and state)

10. Usual Occupation: Laundryman
11. Industry or business: Laundry

FATHER
12. Name
13. Birthplace: Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Sing Hay (cousin)
(b) Address: 1-4 W Biddle St

17 (a) Burial, cremation, or removal: Burial (b) Date thereof: 12/19/40 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Woodlawn

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) DEC 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940 at 4:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Schindler Jr M.D. Medical Examiner
Date signed 12-17-40

F 75522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No.

F 75522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1 Bellona Ave.

(c) Hospital or institution: Edgewood Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or Town Baltimore City. (If outside city or town limits, write RURAL and give town)

(d) Street No. Edgewood Sanatorium (If rural give location)

(e) If foreign born, how long in U. S. A.) Life. years

3 (a) FULL NAME Sarah Elizabeth Ellender

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Chas. J. Ellender

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about June 11 1841

8. AGE: Years abt 99 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Samuel Rollins

13. Birthplace Maryland

MOTHER 14. Maiden Name

15. Birthplace Maryland

16 (a) Informant Mrs. J. Lavin (niece)

(b) Address 63 Wyanoke Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-18-40. (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (E. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) DEC 18 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1940, to Dec 16 1940 and that I last saw h alive on Dec 16 1940.

Immediate cause of death Myocardial Insufficiency — Duration 4 hrs

Due to Senility — Duration 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Lahrte Ewell M. D.

Address 7945 St. Paul St Date signed 12/17/40

F 75523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-1

F 75523 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2740 N Calvert St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2740 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

1 2 3

3 (a) FULL NAME Frank Albert Bennett

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-01-3991

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Virginia Bennett

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan-8-1872

8. AGE: Years 68 | Months 11 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Mgr - Chemical House

11. Industry or business (Newport) Chemicals

FATHER
12. Name David Bennett
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Vicken
15. Birthplace Baltimore Md

16 (a) Informant Mrs. E. Virginia Bennett (wife)
(b) Address 2740 N Calvert St

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** Dec-19-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W Mount Ave.

19 (a) (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

DEC 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 11 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940 to Dec 17 1940, and that I last saw h[illegible] alive on Dec 17 1940.

Immediate cause of death Cerebral Embolism — Duration 2 days
Due to Endocarditis — Duration 6 months
Due to Arteriosclerosis — Duration 4 yrs.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Kirkus M. D.
Address Woodward Bldg Date signed Dec 19 1940

PLEASE WRITE correct age is especially important. Physicians: please

F 75524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40th St. & Keswick Rd.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mary Grant Worthington

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry Worthington
6 (c) If alive, give age 1 years

7. Birth date of deceased (mo., day, yr.) Nov. 26 - 1850

8. AGE: Years	Months	Days	If less than one day
90	0	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James Wilson Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Claggett
15. Birthplace Maryland

16 (a) Informant N. V. Anderson
(b) Address Home for Incurables

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md.

18 (a) Funeral director Henry N. Jenkins & Sons
(b) Address McCulloh & Eichelberger

19 (a) (Date rec'd by registrar) (b) Hunting for Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17 1940, at 9:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1st 1938, to Dec. 17 1940, and that I last saw h alive on Dec. 16 1940

Immediate cause of death	Duration
Acute Myocardial Insufficiency	2 days
Due to Arteriosclerosis and Hypertension	Many years
Cardio Vascular Disease	
Due to	
Other Conditions Senile Dementia	Many years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Wolff M. D.
Address 11 E. Chase St. Date signed 12-17-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such terms that correct age is especially important.

F 75525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-MF 75525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Henson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 10 - 1940

8. AGE: Years	Months	Days	If less than one day
		1/2 2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Irvin Hoffman Henson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Alberta Serena McCree
15. Birthplace Edenton N.C.

16 (a) Informant Mrs Alberta Henson
(b) Address 1703 Mosher St Baltimore

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Autopsy Purposes

18 (a) Funeral director
(b) Address

19 DEC 18 1940 (b) Registered by Wilkinson M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940, to 12-12 1940 and that I last saw h[illegible] alive on 12-12 1940.

Immediate cause of death
Giant child
Prolapse Cord Labor
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Wilkinson M.D.
Address Provident Hospital Date signed 12/16/40 M. D.

PLEASE PRINT: correct age is especially important. Physician:

VS 3

(over)

75526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75526 / 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1535 McElderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Mc Elderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Married

6 (b) Name of husband or wife Mark Jones
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 2nd 1894

8. AGE: Years	Months	Days	If less than one day
46	10	12	hr. min.

9. Birthplace Manokin Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John Ward
13. Birthplace Md

MOTHER 14. Maiden Name Harriett Parker
15. Birthplace Md

16 (a) Informant William Mitchell
(b) Address 1535 Mc Elderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Elderry P.M.E.
Location Princess Anne Md.

18 (a) Funeral director Baron Manuel K. Knight
(b) Address 1218 Mc Elderry St

DEC 18 1940 (Date received by City Registrar) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.15 1940 at 10.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1940 to 12.15 1940
and that I last saw h[illegible] alive on 12.14 1940

Immediate cause of death: Hypertensive cardio-vascular disease (uremia)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: not Known

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 12-17-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correct age is especially important.

F 75527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 75527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer each question. Be sure to give correct age in years, months, days. Be sure to give correct age if especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Sulgrave Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Sulgrave Av
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Justin E. Martindale

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3172

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mozelle Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1881

8. AGE: Years	Months	Days	If less than one day
59	3	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Insurance Adjuster
11. Industry or business

FATHER
12. Name Henry H. Martindale
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta W. Jones
15. Birthplace Frederick Md

16 (a) Informant Mrs. H. J. McElmeel
(b) Address 2310 Sidgrave Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19 40 (month) (day) (year)
(c) Cemetery or crematory Union Cem.
Location Baltimore Md.

18 (a) Funeral director John Mitchell Sons
(b) Address 1904 Eutaw Place

DEC 18 1940 (Date rec'd by Registrar) (b) Signature of Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940 at 7:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Gastric Ulcer — Duration —
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Reisch M.D.
Medical Examiner.
Date signed 12-17-40

F 75528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75528 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Rutland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Rutland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Spriggs

3 (b) If veteran, name war: None
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Annie Spriggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1873

8. AGE: Years	Months	Days	If less than one day
67	8	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer (unemployed)
11. Industry or business

FATHER
12. Name Frank Spriggs
13: Birthplace Md

MOTHER
14. Maiden Name Phyllis ——
15. Birthplace Md.

16 (a) Informant Lillian Spriggs (daughter)
(b) Address 1113 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

DEC 18 1940 (Local registrar) (b) Lillian Spriggs (Informant)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1940, at 10h. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940, to Dec 14 1940, and that I last saw him alive on Dec 13 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia	1 day
Due to (Circulatory atonia due to)	
Due to Cerebral Hemmorrhage with Hemiplegia.	10th
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1424 E. Monument St. Date signed 12/16/40

PLEASE WRITE PLAINLY. Fill in all blanks. Use ditto marks (") for repeated items. Be sure to give correct age in each case. Physicians: please write the cause of death in terms which will be understood by the layman. Information as to cause of death is especially important.

F 75529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 75529

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Stockton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Drew (59871)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1896

8. AGE: Years	Months	Days	If less than one day
44	6	2	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Allen Drew
13. Birthplace Va.

MOTHER
14. Maiden Name Mollie Ridley
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pennsylvania Ave. Huntington, W. Va.

19 (a) [illegible] (b) Registrar

DEC 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1940, at 7:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8, 1940, to Dec. 17, 1940, and that I last saw him alive on Dec. 17, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration Feb. 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund Beacham M.D.
M. D.
Address Balto. City Hospital Date signed 12-17-40

Please answer correct age is especially important. Physicians, please

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-F 75530 ✓ Registered No. F 75530

F 75530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Johnson 215-09-2586

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-06-9079

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11-1890

8. AGE: Years 50 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Hutzler Bro

FATHER
12. Name James Johnson
13. Birthplace Anne Arundel Co. Md.

MOTHER
14. Maiden Name Frances Cleary
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Mrs Addison Johnson
(b) Address 1715 N. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Wm. Geo. A. Hilgenberg
(b) Address 1631 Druid Hill Ave.

19 (a) (Registrar) **(b)** Registrar

DEC 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1940, at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1939 to 12/15 1940.
and that I last saw h me alive on 12/15 1940.

Immediate cause of death Cardio-Vascular-Renal disease — **Duration** 18 mos

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Slaughter M.D.

Address 875 N. Fremont Date signed 12/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

75531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 75531

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2940 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2940 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Jeannette Nickum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George W. Nickum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1853

8. AGE: Years	Months	Days	If less than one day
87	6	2	hr. min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George W. Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Goutee
15. Birthplace Maryland

16 (a) Informant Mr. Geo. W. Nickum
(b) Address 2940 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director H. Sander & Son Inc.
(b) Address North Ave. & Broadway

19 (a) (Date rec'd by registrar) (b)

PLEASE WRITE PLAINLY. Physicians: please write the correct age. Especially important.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1940, 3:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11th 1940, to Dec 15th 1940, and that I last saw her alive on Dec 15th 1940.

Immediate cause of death Valvular Heart Disease
Hypertension, Coronary occlusion.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 10 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kirk M. D.
Address 3126 Harford Rd Date signed Dec. 16/40

F 75532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B V F 75532 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 S. Carolina St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S. Carolina St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

B

3 (a) FULL NAME WILLIAM (GREY) GRAVES

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1895

8. AGE: Years	Months	Days	If less than one day
45		6	hr. min.

9. Birthplace Suffolk, Va (Town, county, and state)
10. Usual Occupation Stevedore (2 yrs ago)
11. Industry or business Warehouse

FATHER
12. Name John Wesley Graves
13. Birthplace Virginia

MOTHER
14. Maiden Name Nicie L Crocker
15. Birthplace Virginia

16 (a) Informant John Wesley Graves
(b) Address 5-24 Bridge St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 (month) (day) (year)
(c) Cemetery or crematory Old Point Comfort
Location Fort Monroe Virginia

18 (a) Funeral director A Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date received) Huntington Williams M.D. (Registrar) Registrar

DEC 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940 at 9 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis Pulmonary far advanced	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Wallenmeyer M.D. Medical Examiner.
Date signed 12-18-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 75533 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 550 Oxford st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Montgomery

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business P.W.A.

FATHER
12. Name Isaiah Montgomery
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Mary Bethel
15. Birthplace N. C.

16 (a) Informant Catherine Montgomery
(b) Address 550 Oxford st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
(c) Date received DEC 18 1940 Registrar Wm. E. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1940 at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to Dec 17 1940, and that I last saw him alive on 19

Immediate cause of death	Duration
Lobar Pneumonia	11 days
Due to pneumococcus, type VII	
Due to	
Other Conditions Latent Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Callahan Jr. M.D. M. D.
Address University Hosp. Dept Date signed 12-17-40
Baltimore, Md.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly. Report age is especially important.

VS 2

75534 BALTIMORE CITY HEALTH DEPARTMENT F 75534

CERTIFICATE OF DEATH 93-C Registered No. 1522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Whitmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Whitmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis J. Thurley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary T. Thurley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 23, 1859

8. AGE: Years	Months	Days	If less than one day
81	-	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Ret Fisherman
11. Industry or business

FATHER
12. Name Samuel J. Thurley
13. Birthplace England

MOTHER
14. Maiden Name Emily H. Kent
15. Birthplace England

16 (a) Informant Mr. Charles J. Thurley
(b) Address Hilltop Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) (Date rec'd by registrar) Huntington Mill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1940, at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15th 1940 to Dec 16th 1940, and that I last saw h im alive on Dec 16th 1940.

Immediate cause of death Chronic Myocarditis — Duration 1 year

Due to (Acute Incompetency) — Duration 24 hours

Due to — Duration

Other Conditions Chronic Rheumatism — Duration 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. T. Sullivan M. D.
Address 1701 N. Fulton Ave. Date signed 12/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly; correct spelling is especially important.

5535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 75535 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5523 Ready Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5523 Ready Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth L. Owings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry Thomas Owings
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) March 12, 1886

8. AGE: Years	Months	Days	If less than one day
54	9	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Gollery
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary A. Lindsay
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Harry T. Owings
(b) Address 5523 Ready Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Govans, Baltimore, Md.
(a) Funeral director J. D. Amoreau
(b) Address 1095 W. Baltimore St.
19[illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1940 at 4.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1940 to Dec 16 1940 and that I last saw her alive on Dec 16 1940.

Immediate cause of death Coronary Thrombosis — Duration 1939

Due to

Due to

Other Conditions Acute Cardiac Dilatation — 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Brabson M. D.
Address York Rd & Sheridan Ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Spelling, correct age is especially important.

VS 8

F 75536 3894481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-a

Registered No. F 75536

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Bolton (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Julius Rothholz

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-47

8. AGE: Years 93 | Months 4 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Morris Rothholz

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Fredricka

MOTHER 15. Birthplace Germany

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (month) (day) (year)

(c) Cemetery or crematory Balt. Hebrew

Location Belair Rd

18 (a) Funeral director Jos. Levi Son

(b) Address 1439 E. Baltimore St

Registered by Huntingtown Williamsport, Md. Registrar

(Date rec'd by registrar)

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1940, to Dec 18 1940, and that I last saw h[illegible] alive on Dec 18 1940.

	Duration
Immediate cause of death: Myocardial Failure	2 days
due to Toxemia	
Due to Pneumonia	?
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings: Of operations Benign Prostatic Hypertrophy

Of autopsy None obtained

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Semans M.D.

Address Johns Hopkins Hospital Date signed 12/17/40

PLEASE WRITE PLAINLY, with [illegible] correspondence is especially important. Physicians: please write the cause of death clearly, as [illegible]

SFC 18

FD 61895 ✓ F 75537

F 75537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 Warden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Edward Reed

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Georganna
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 10-1-1883

8. AGE: Years	Months	Days	If less than one day
57	2	16	_____ hr. _____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Instructor
11. Industry or business

FATHER
12. Name Edward Reed
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Yeager
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Mausoleum
Location Loudon Park Mausoleum

18 (a) Funeral director McCord
(b) Address 1219 Eutaw St

19 (a) DEC 18 1940 (Date rec'd by registrar) (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1940 to 12-17-1940, and that I last saw h alive on 12-17-1940.

Immediate cause of death	Duration
(a) Cardiac failure	7
Due to A.S. Hrt Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature _____ M. D.
Address Balto City Hosp Date signed 12-17-40

VS 3

PLEASE WRITE PLAINLY, with ink. Fill in all blanks by typewriting or otherwise. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

189 ✓ Registered No. F 75538

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Register St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N Register St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hayward Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1940

8. AGE: Years	Months	Days	If less than one day
	6	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Hayward Lawrence
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hattie Graham
15. Birthplace Va.

16 (a) Informant Hattie Graham
(b) Address 424 Register St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 18 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Baltimore

18 (a) Funeral director Walter B. Bruff
(b) Address 139 W Hamburg St

DEC 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940 at 6 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Starvation	
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter B. Bruff M.D.
Medical Examiner.
Date signed 12/17/40

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 6

F 75539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

F 75539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use additional sheet if necessary, but make every entry as complete as possible. Do not leave blanks except for items that do not apply. Be sure to answer each question. Be sure to give the correct age in each case. Be sure to write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure to give the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Kinsey Sparrow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Rachel A

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Feb. 13. 1849

8. AGE: Years	Months	Days	If less than one day
91	10	4	hr. min.

9. Birthplace Hagerstown, Md (Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business Millinery Business

FATHER 12. Name Kinsey Sparrow

13. Birthplace Md

MOTHER 14. Maiden Name Mary McAllister

15. Birthplace Pa

16 (a) Informant Mrs. Catherine Brandau

(b) Address 2808 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director Wm. J. Ziegler & Son

(b) Address North & Pa Aves

19 (a) (Local registrar) (b) Huntington Williams M.D. (Local registrar)

DEC 18 1940

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940 at 12:05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, left femur	
Generalized arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/16/40
(c) Where did injury occur? In front of 2808 Walbrook Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell over curbstone

23. Signature H. Williams Huff M.D. Medical Examiner.

Date signed 12/17/40

75540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73-D

F 75540 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W. Redwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Lane Correct Name: Cincinnatie Washington Tyler

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1848

8. AGE: Years	Months	Days	If less than one day
52	5	3	hr. min.

9. Birthplace Richmond, Virginia (Town, county, and state)

10. Usual Occupation Candy Maker

11. Industry or business

FATHER
12. Name Marion Henry Tyler
13. Birthplace Richmond, Virginia

MOTHER
14. Maiden Name Ida C. Peyton
15. Birthplace Nearmon Co., Virginia

16 (a) Informant Mr. James Tyler
(b) Address 314 Second Ave, Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Riverview
Location Richmond, Virginia

18 (a) Funeral director John C. Miller & Son
(b) Address 245 E. Leigh St. Richmond, Va.

19 (a) DEC 18 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemolytic anemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Brandeis Gift M.D. Medical Examiner.
Date signed 12/15/40

PLEASE WRITE PLAINLY, WITH INK. Do not use pencil. Please answer all questions. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 75541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75541 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 W. Barre St.
(If rural give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lester McGowen

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-16-0020.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1904

8. AGE: Years	Months	Days	If less than one day
36	5	26	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David
13. Birthplace Penn.

MOTHER
14. Maiden Name Amelia McKeever
15. Birthplace Del.

16 (a) Informant Hospital Records
(b) Address Baltimore Md

17 (a) Burial (b) Date thereof Dec 19
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location Baltimore

18 (a) Funeral director John Ellis & Co.
(b) Address 2008 Calvert St

DEC 18 1940
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1940, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25, 1940, to Dec. 15, 1940, and that I last saw him alive on Dec. 15, 1940.

Immediate cause of death Pulmonary tuberculosis — Duration 7 mo.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D.
M. D.

Address Balto. City Hospitals Date signed 12-16-4

correct age is especially important. Physicians, please

VS 8

F 75542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75542 Registered No. 170-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N. Bay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm L. Park

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Alex., Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Philip Park
13. Birthplace England

MOTHER
14. Maiden Name Catherine Dowers
15. Birthplace Va.

16 (a) Informant Mrs. E. F. Tiser
(b) Address 227 S. Fairfax St. Alex, Va.

17 (a) Alex, Va. (Burial, cremation, or removal) (b) Date thereof 12/18/40 (month) (day) (year)
(c) Cemetery or crematory Mohler Va
Location Alexandria Va

18 (a) Funeral director C. Jackson & Son
(b) Address 1039 S. Hanover St.

19 (a) DEC 18 1940 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Compound Comminuted Fracture	
Due to Tibia - fibula - right multiple fractures	
Other Conditions Secondary shock	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-25-40
(c) Where did injury occur? Colonial Manor Motel Alexandria Va (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by automobile, while crossing street at Colonial Manor Motel Alexandria Va

23. Signature Howard J. Mackenzie M.D. Medical Examiner
Date signed 12-18-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-9

F 75543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 F 75543

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E. 28th St. St., 9-6 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Martha S. Cullum (CULLUM)

(a) Residence: No. 1711 E. 28th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie J. Cullum

6. DATE OF BIRTH (month, day, year) May 17, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME James Thompsson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Cullum

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruth A. Corns
(Address) 1711 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harford Co. Md Date Dec 20 1940

19. UNDERTAKER Mr. & Mrs. John W. Geukel & Son
(Address) 894 W. Fayette St.

DEC 18 1940

20. FILED ..... 19 ..... Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1925, to December 16, 1940

I last saw her alive on December 16 1940 Death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	20yrs.
Gangrene of foot	3days
Other contributory causes of importance: Pulmonary Thrombosis	3days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Clarence Stewart M. D.

(Address) 1738 E. 28th St.

information should be carefully supplied. Where exact information cannot be given, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

75544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 W Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phoebe E Hamlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John T Hamlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1878

8. AGE: Years	Months	Days	If less than one day
62	5	6	hr. min.

9. Birthplace Hinton West Virginia (Town, county, and state)
10. Usual Occupation housework
11. Industry or business home

FATHER
12. Name Lewis Triplett
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name ? Burdette
15. Birthplace West Virginia

16 (a) Informant John T. Hamlin - husband
(b) Address 110 W Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof D 26 30 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director A. Bouldin & Sons
(b) Address 1400-02 S Charles St

19 (a) DEC 16 1940 (Date rec'd by registrar) (Huntington Williams M.D.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1940, at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive heart disease	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no shown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)
Date signed 12-17-40

VS 6

75545
389119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 51-B ✓ Ready 3

F 75545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State FLA (b) County
(c) City or town St. Petersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. Astor Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward N. McDowell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucy

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 11-23-65

8. AGE: Years 75 | Months 0 | Days 25 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Nathan McDowell
13. Birthplace Fla.

MOTHER 14. Maiden Name Lizzie Martin
15. Birthplace Fla.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory
Location New York, N. Y.

18 (a) Funeral director H. Brucans & Son
(b) Address 305 N. Calvert St.

19 DEC 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 5:07 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1940, to Dec 18 1940, and that I last saw him alive on Dec 18 1940.

Immediate cause of death Myocardial Failure — Duration 1 mo

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Uremia - Carcinoma of Prostate (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam R. Agan, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 12-18-40

correct age is especially important. Physicians: please write plainly.

VS 8 — Oak. Penal L.R. — Except Mrs Edw. N. McDowell

75546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 ✓ F 75546

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mollde
(e) Length of stay in Baltimore (yrs., mos., or days) Just Arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Lynhams (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agustus Gus EDWARDS

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Mattie Peterson
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1887

8. AGE: Years	Months	Days	If less than one day
53	0	13	..... hr. ..... min.

9. Birthplace Northumberland County, Virginia (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business MV Raymond Humphryes

FATHER
12. Name Hanson Edwards
13. Birthplace Richmond County, Va.

MOTHER
14. Maiden Name Susan Pinkerton
15. Birthplace Northumberland County, Va.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Kilmarnock Va (b) Date thereof 12/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Kilmarnock, Va.

18 (a) Funeral director
(b) Address

DEC 18 1940
(Date rec'd by registrar)

(b) [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1940, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from November 7, 1940 to December 18, 1940 and that I last saw him alive on Dec. 18, 1940.

Immediate cause of death	Duration
Acute purile peritonitis, post operative	1 week
Due to Acute pancreatic necrosis	1 week
Due to Carcinoma of the pancreas, Post operative	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pylorectomy; cholecystodu-denostomy; pancreas operation; excision of tumor head of pancr
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature

Address U.S. Marine Hospital Baltimore, Maryland. Date signed 12/18/40 M. D.

75547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A ✓ F 75547

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Woodyear St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Bacon (Bacon)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: ed
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 9 1865
8. AGE: Years 75 | Months 7 | Days 7 | If less than one day: hr. min.
9. Birthplace: Howard Co Md (Town, county, and state)
10. Usual Occupation: Janitor
11. Industry or business:

FATHER
12. Name: Coston Bacon
13. Birthplace: Howard Co. Md

MOTHER
14. Maiden Name: Susan ?
15. Birthplace: Howard Co. Md

16 (a) Informant: Bertha Gibson
(b) Address: 1537 Woodyear St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn
Location:
18 (a) Funeral director: Geo. D. Kelson
(b) Address: 1303 Pleasant
(Date received by local registrar) Hunting for Williamsport

DEC 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1940, at 5-22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1940 to 12-16 1940, and that I last saw h[illegible] alive on 12-16 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 1 year
Due to: Generalized arteriosclerosis
Due to:
Other Conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Provident Hospital Date signed 12-17-40

VS 3

F 75548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M

F 75548 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Maisel St (Hospital)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Glenburnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. Oakwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tobias Hartmann

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Katherine Hartmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st 1866

8. AGE: Years	Months	Days	If less than one day
74	7	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Mat Maker
11. Industry or business Self

FATHER
12. Name Louis Hartmann
13. Birthplace Germany

MOTHER
14. Maiden Name Kahrom
15. Birthplace "

16 (a) Informant Katherine Hartmann
(b) Address 2120 Maisel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address [illegible] St. Phone Govt Williamsport, Md.

19 (a) (Date received by Registrar) DEC 19 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1940, at 8:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1940, to 12/17 1940, and that I last saw him alive on 12/17 1940.

Immediate cause of death: Gastric Carcinoma — Duration: 5 days

Due to: —

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature O P Rostine, M. D.
Address 2673 Washington Blvd Date signed 12/18/40

Please write the spaces as carefully as possible. Physicians: please write plainly. Every item is important. Be sure that the age is correct age is especially important.

F 75549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 75549 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 E. Fayette Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Prasch

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-07-7869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Prasch
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec 14, 1886

8. AGE: Years	Months	Days	If less than one day
54	—	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business —

FATHER
12. Name Prasch
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Gray
15. Birthplace Baltimore Maryland

16 (a) Informant Florence C. Prasch
(b) Address 1915 E. Fayette St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) DEC 10 1940 (b) Huntington Mills

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17- 1940, at 3.35 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moulden M.D. Medical Examiner.
Date signed 12-18-40

VS 6

F 75550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 75550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 E. Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Giddy

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Frank Giddy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 5th 1864

8. AGE: Years	Months	Days	If less than one day
77	8	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Keeps house
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Frank L. Giddy
(b) Address 2420 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mathias
Location Balto. Md

18 (a) Funeral director William Cook
(b) Address 217 E. Pratt St

19 (a) Filed DEC 19 1940 by [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1940 to Dec 17 1940 and that I last saw h[illegible] alive on Dec 17 1940

Immediate cause of death Arteriosclerosis — Duration 3 days

Due to Acute Myocardial Degeneration

Due to Coronary Occlusion

Other Conditions Acute Cardiac Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Ned Reynolds M.D.
Address 827 Fulton Ave N Date signed 12-17-40

correct age is especially important. Physician: please write the cause of death plainly.

F 75551 F 75551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-e

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Payson
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs 5 mos 10 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 545 N. Pulaski St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. William Hecker

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 214-01-5667

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Nicholas Hecker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1913

8. AGE: Years 27 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Lyon & Conklin

FATHER
12. Name Harry H. Hecker
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lottie P. Ehrgan
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Emma N. Hecker
(b) Address 545 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) Dec 19 1940 (Date received by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1940, at 9:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/30 1940, to 12/16 1940, and that I last saw him alive on 12/16 1940.

	Duration
Immediate cause of death: Cerebral Embolism	1 hour
Due to Teratoma of testicle & Generalized metastases	10 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Krieg, M.D.
Address Bon Secours Hosp. Date signed 12/16/40

PLEASE WRITE PLAINLY, with ink or indelible pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 75552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 75552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Woodland Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs 0-12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Woodland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Soter

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Carl C. Soter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 6 1877

8. AGE: Years	Months	Days	If less than one day
63	0	12	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Home wife
11. Industry or business

FATHER
12. Name: Morris Braun
13. Birthplace: Germany

MOTHER
14. Maiden Name: Josephine Gotkin
15. Birthplace: Germany

16 (a) Informant: Mrs. Carl C. Soter
(b) Address: 3502 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem
Location: Belair Rd & Moravia Blvd

18 (a) Funeral director: Elmer W. Conklin & Son
(b) Address: 924 E. Eager St.

19 (a) DEC 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1940 at 9:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Dec 17 1940, and that I last saw her alive on Dec 16 1940.

Immediate cause of death	Duration
Carcinoma of Stomach	2 months
Due to metastasis to Lungs	1 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. Gill Hall M. D.
Address: 1631 E. North Ave Date signed: Dec 17-1940

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

F 75553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 75553

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 S. BAYLESS ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 S. BAYLESS ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE RULEY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: GEORGE RULEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 19 1860

8. AGE: Years: 80 | Months: 11 (10) | Days: 28 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: ALBERT TIEBEN
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKOWN
15. Birthplace: GERMANY

16 (a) Informant: GEORGE GREEN (SON)
(b) Address: 900 S. BAYLESS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 21/40 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lilly & Zeller Inc.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) DEC 19 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 17 1940 at 1/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1940 to Dec 17 1940. and that I last saw h alive on Dec 16 1940.

Immediate cause of death — **Duration**

Hypertensive C.V. Disease. — Oct 6 mo.
Cerebral Hemorrhage

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 642 S. Ellwood Ave. Date signed 12-18-40

correct age is especially important. Physicians: please write this

F 75554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-W

F 75554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Shakespeare St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Eckes

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 1883

8. AGE: Years	Months	Days	If less than one day
57	9	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Conrad Eckes
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Horner
15. Birthplace Penna

16 (a) Informant August Eckes (Brother)
(b) Address 3911 Hudson St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 19 40 (month) (day) (year)
(c) Cemetery or crematory TRINITY CEM.
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 19 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1940, at 12:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wyndham Singh M.D. Medical Examiner
Date signed 12/17/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 75555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-DE 75555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Ramsey St (If rural give location)
(e) If foreign born, how long in U. S. A. Life years

3 (a) FULL NAME Mr Joseph Goldsmith.

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rena Goldsmith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1859

8. AGE: Years 81 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Pole, Pa (Town, county, and state)

10. Usual Occupation Ret.

11. Industry or business —

FATHER
12. Name R.
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace R

16 (a) Informant Rena Goldsmith
(b) Address 1019 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-40 (month) (day) (year)

(c) Cemetery or crematory Helen Friendship
Location Balto & Conkling Sts

18 (a) Funeral director Jack Lange Inc
(b) Address 1439 E. Baltimore St.

19 (a) 12/19/40 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1940, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1940, to 12/18 1940, and that I last saw him alive on 12/18 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hrs.
Due to: Arteriosclerosis	?
Due to:	
Other Conditions: Rt inguinal hernia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Krieg, M.D.
Address Bon Secours Hosp Date signed 12/18/40

PLEASE WRITE PLAINLY, with indelible pencil or pen. Physicians: please write the causes of death clearly and legibly. Be sure the answer to each question is complete and correct without reference to any other question. Data regarding veterans is especially important.

VS 3

Dr. J. Goldsmith to Dr. H. L. Wollenweber M.D. Baltimore Md.

5556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75556

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1316 Fulton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Fulton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Theresa Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm H Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: abt 79 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: James Lyons
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Jane Joines
15. Birthplace: Ireland

16 (a) Informant: Mrs H R Williams
(b) Address: 1316 Fulton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet
Location: Frederick Ave

18 (a) Funeral director: John J Fahey Sons
(b) Address: 121 Light St

19 (a) Date rec'd by registrar: 12/20/40 (b) Registrar: Williams M.D.

GHS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 2-30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1940, to Dec 17 1940, and that I last saw h[er] alive on Dec 17 1940.

	Duration
Immediate cause of death: Stomach Hemorrhage	2 mos.
Due to: Arterio Sclerosis	2 yrs.
Due to: Acute Pulmonary Congestion	3 weeks
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Gross.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L Wm Pelte M.D.
Address 1279 Fulton St Date signed 12/18/40

Please write the cause of death very plainly. Physicians: please write especially important. Be sure that every item is correct and complete.

75557
390397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
89-B

F 75557
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6709 Duluth Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Judith Oliver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-40

8. AGE: Years	Months	Days	If less than one day
	5	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Oliver
13. Birthplace W. Va.

MOTHER
14. Maiden Name Naoma Dells
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial. (b) Date thereof Dec. 20 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel.
Location O'Donnell St

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N Broadway

DEC 19 1940 (b) Huntington Willi
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940 to Dec 18 1940, and that I last saw her alive on Dec 18 1940.

Immediate cause of death: Pneumococcic Meningitis — Duration: 3 days
Due to: Pneumococcus Type 5
Due to:
Other Conditions: Mastoiditis, Bilat.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 12-19-40 M. D.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

75558 61652-M

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 429 N. Eden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Armstrong

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1883

8. AGE: Years	Months	Days	If less than one day
? 57	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name John Armstrong
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.V.H.S. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20th/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Baltimore
(d) Funeral director E O Wilson
(e) Address 1600 Brantley

19 (a) DEC 19 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-1940, at 12 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-1940, to 12-14-1940, and that I last saw him alive on 12-14-1940

Immediate cause of death Cerebral Thrombosis — Duration 1 week

Due to Gen. A-S. — 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murphy Lebstein M. D.
Address Balto. City Hosp. Date signed 12-18-40

VS 3

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 39450
F 75559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 75559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Wyatt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) D - ? - 10

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name J. Lee Mack
13. Birthplace S.C.

MOTHER
14. Maiden Name Maggie McCleary
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklawn

18 (a) Funeral director Edw O Weber
(b) Address 1600 Brantley Ave
DEC 19 1940 (Date rec'd by registrar) (Huntington Williams Mgr.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940 at 5 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1940 to Dec 15 1940 and that I last saw her alive on Dec 15 1940.

Immediate cause of death: Gastro-intestinal Hemorrhage — Duration: 8 hrs.
Due to: cause undetermined
Due to:
Other Conditions: Acute enteritis cause undetermined
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Klemperer
Address Johns Hop Hosp Date signed 12/16

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

75560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170e

F 75560

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S. Glover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Frank Modrak Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-0723

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name John F. Modrak
13. Birthplace Md

MOTHER 14. Maiden Name Sophie Pathowska
15. Birthplace Md

16 (a) Informant John F. Modrak
(b) Address 500 S Glover St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Dyda
(b) Address 2829 Hudson St

19 Date rec'd by registrar 12-18-40 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 2:23 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Compound Comminuted fracture of skull	
Due to Multiple fractures, abrasions & lacerations of body	hours
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-17-40
(c) Where did injury occur? Wilson Ave. Cor York Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Collision between Auto & Truck

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Examine certificate after it is filled out and correct any errors or omissions, especially important. Physicians: please write the causes of death clearly and legibly.

75561 61765-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75561 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Beltol (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Market Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Baldwin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1873

8. AGE: Years	Months	Days	If less than one day
67	1	27	hr. min.

9. Birthplace N. J. (Town, county, and state)
10. Usual Occupation peddler
11. Industry or business

FATHER
12. Name Jessie
13. Birthplace N.J.

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace England

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) DEC 19 1940 (b) Signature [illegible] for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13-1940, at 11 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11-1940, to 12-13-1940, and that I last saw him alive on 12-13-1940.

Immediate cause of death	Duration
Heart failure	?
Due to G-S. Hx Dis	?
Due to Pulm. emphysema	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 12-17-40 M. D.

VS 3

6130

PLEASE WRITE PLAINLY; [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58919-FD

75562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-E

F 75562 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 1da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Barnes st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Frye

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-16-2763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Divorced

6 (b) Name of husband or wife Winifred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1901

8. AGE: Years	Months	Days	If less than one day
38	11	10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation mover
11. Industry or business

FATHER
12. Name Alex
13. Birthplace Va.

MOTHER
14. Maiden Name Lena Taylor
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 19 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 DEC 19 1940 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

6129

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5- 1940, at 3 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4- 1940 to 12-5- 1940, and that I last saw h[illegible] alive on 12-5- 1940.

Immediate cause of death	Duration
Acute Bacterial endocarditis	?
organism unknown	
Due to Benigned aortic valve	?
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirm diagnosis Benigned aortic valve

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 12-18-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 75563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

F 75563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Guilford Ave. & Preston St.
(c) Hospital or institution:
(Preston Apartments)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Guilford Ave. & Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - - years

3 (a) FULL NAME Lillian J. Wall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife -----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
about 70	- - -	- -	- - hr. - - min.

9. Birthplace ------- Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Wall
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Mary B. Nunan
15. Birthplace ----- Ireland

16 (a) Informant S. R. Mears
(b) Address 805 North Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street

DEC 19 1940 (Date rec'd by Registrar) (c) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940, to Dec 17 1940 and that I last saw h-e-r alive on Dec 17 1940.

Immediate cause of death Acute Dilatation of Esophagus - | Duration 3 weeks
Due to Cancer of abdominal viscera (Surgical) | years
Due to | years
Other Conditions Pulmonary Oedema | 24 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work? -
(e) Means of injury -

23. Signature Huntington Williams M.D.
Address 504 Cathedral St. Date signed 12/18/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 75564

BALTIMORE CITY HEALTH DEPARTMENT 46-a

CERTIFICATE OF DEATH

Registered No. F 75564

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Parkmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Parkmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE LINDLOF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) September 16, 1885

8. AGE: Years	Months	Days	If less than one day
55	3	2	hr. min.

9. Birthplace Sweden
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name Gustave Lindlof
13. Birthplace Sweden

MOTHER
14. Maiden Name ?
15. Birthplace Sweden

16 (a) Informant Marion Selvage
(b) Address 1712 East Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin E. Dippel
(b) Address 711 Washington Blvd

19 (a) DEC 19 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 11 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of esophagus	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy 6 days above
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-18-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 6

F 75565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 S. High St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S. High St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Margaret Peste

3 (b) If veteran, name war — | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar 22 1884

8. AGE: Years 51 | Months 9 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Roberto

13. Birthplace Italy

MOTHER 14. Maiden Name Rosalie ?

15. Birthplace Italy

16 (a) Informant Joseph Peste

(b) Address 220 S. High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 20 40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem

Location 4300 Old Frederick Rd

18 (a) Funeral director Martin H. E. Dippel

(b) Address 27 S. Carey St.

19 DEC 19 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Dec 17 1940, and that I last saw h alive on Dec 17 1940.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease.	
Due to Chr Cholangeitis	
Due to Chr Intramural Fibroid Tumor.	Dec 4 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edelmann M. D.
Address 842 S Eaton Date signed 12-18-40

VS 3

A penalty is provided for wilfully making any false statement in this certificate. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 75566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 75566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 Overhill Road
(c) Hospital or institution at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town 307 Overhill Rd - Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Overhill Road - Balto
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Hope Lewis Burr

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louis C. Burr
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) March-10-1869
8. AGE: Years 71 | Months 9 | Days 8 | If less than one day: hr. min.
9. Birthplace Providence R. I.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Edw K. Godfrey
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Harriet L. Lewis
15. Birthplace ~~Massachusetts~~ PROVIDENCE R.I.

16 (a) Informant Mr. L. C. Burr - (husband)
(b) Address 307 Overhill-Road.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-20-40 (month) (day) (year)
(c) Cemetery or crematory Lakewood Cemetery
Location Minneapolis - Minn.
18 (a) Funeral director Steward Mortuary Co.
(b) Address 1054 Nicollet Ave.
19 (a) Date received by local registrar DEC 19 1940 (b) Registrar H. Williams, M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 1:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1939 to Dec 18 1940 and that I last saw he alive on Dec 18 1940

	Duration
Immediate cause of death: Bronchial Pneumonia	2 days
Due to: Cirrhosis of Liver	18 Months
Due to: Carcinoma of Liver	14 yrs
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. L. Keyser M. D.
Address Wichita, Kans. Date signed Dec 17 40

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

75567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 75567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 So. Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 So Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Heinrich D. Meusing

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Augusta Anna
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1880

8. AGE: Years	Months	Days	If less than one day
60	8	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Louie Dorman
15. Birthplace Germany

16 (a) Informant Rev. Wilhelm D. Meusing
(b) Address 1135 Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Baltimore Maryland
(d) Funeral director Jno G Waller Jr
Address 1528 Ost
Huntingdon Pennsylvania

19 (a) DEC 19 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940 at 10:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W H Vandervoort M.D. Medical Examiner.
Date signed 12/18/40

VS 6

75568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rosedale, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT LANGE

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louise Lange
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1864

8. AGE: Years 76 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Butcher (Retired)

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mr Julius Lange
(b) Address Philadelphia Road & Race Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 DEC 19 1940 (Date rec'd by Registrar) (b) Signature for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18, 1940, at 5 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions Erosion of Right leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 18, 1940
(c) Where did injury occur? Race Rd (City or town) Baltimore (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury Pedestrian crossing street

23. Signature Dr I Wollenweber M.D.
Medical Examiner.

Date signed 12-18-40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0

F 75569

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Rutland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Rutland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Goetze

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Goetze
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9 - 1867

8. AGE: Years	Months	Days	If less than one day
73	9	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER 12. Name Michael Bohnert
13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Miss Eva Goetze
(b) Address 1523 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Eutaw

19 (a) (Date received by registrar) (b) Registrar

DEC 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Dec 18 1940, and that I last saw him alive on Dec 17 1940

Immediate cause of death — Cerebral Hemorrhage —
Due to
Due to — Uremia —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Gray M. D.
Address 1500 Eutaw Pl Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 75570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 75570

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4-10-1898

8. AGE: Years	Months	Days	If less than one day
42	8	6	..... hr. ..... min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name Wm. Brown
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Maria Elizabeth Brown
15. Birthplace A. A. Co. Md.

16 (a) Informant Susie Hardy (niece)
(b) Address 15-33 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1940 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Pk.
Location Baltimore Md.

18 (a) Funeral director Charles H. Cooper
(b) Address 514 N. Calhoun St

19 (a) Date received (Date received by Registrar) (b) Thomas [illegible] Williams M.D. Registrar

DEC 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1940, to 12-16 1940, and that I last saw h[illegible] alive on 12-16 19 40.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	
Due to	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 12-16-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 75571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 75571
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employees, undertakers, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1197 W. Henrietta Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1197 W. Henrietta Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Rollins Johnson

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20 - 1940

8. AGE: Years	Months	Days	If less than one day
	3	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clarence Rollins Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Gertrude Rollins
15. Birthplace N. Carolina

16 (a) Informant Undertaker Isaac Brown Sons
(b) Address 108 W. Montgomery Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A M E Co Md

18 (a) Funeral director Isaiah R Brown Sons
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) DEC 19 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 18 - 1940, at 12 hours M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry did that said deceased came to his death on the day stated above.

Immediate cause of death Lobular Pneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 12-19-40

Crocetti

75572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 Clarinda ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Nicholas Crocetti

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-16-6817

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rose Crocetti

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) December 8 1894

8. AGE: Years 46 | Months | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Brager Eisenbergs (Shop)

FATHER
12. Name Giovanni Crocetti
13. Birthplace Italy

MOTHER
14. Maiden Name Elisabetta Esposito
15. Birthplace Italy

16 (a) Informant Rose Crocetti (Wife)
(b) Address 3214 Clarinda Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20th-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) [illegible] Registrar Huntington Williams, M.D. Registrar

DEC 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 12:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haddix M.D. Medical Examiner.
Date signed 12-17-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75573

CERTIFICATE OF DEATH

91-aF 75573

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Somerset St. St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Bridge

If U. S. Veteran specify WAR

(a) Residence: No. 1021 Somerset St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov.-7-1916

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
24Yrs.	1Mo.	12 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry F. Bridge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna B. Zentgraf

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Anna B. Bridge
(Address) 1021 Somerset St.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Dec.-21-1940 19

19. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED 19 Huntington Williams, M.D. Registrar.

DEC 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.-19-1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 19 40 to Dec 18 19 40

I last saw him alive on Dec 18 19 40 Death is said to have occurred on the date stated above, at 4.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int acute Cerebral Embolism.	

Other contributory causes of importance: —

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St.

INFORMATION should be carefully ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-13

F 75574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 Ailsa Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Watson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Roland Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1900

8. AGE: Years	Months	Days	If less than one day
40	2	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife + Secretary
11. Industry or business

FATHER
12. Name Harrison Bowman
13. Birthplace Md

MOTHER
14. Maiden Name Emma Elliott
15. Birthplace Md.

16 (a) Informant U M H Hosp. Chart
(b) Address 33 + Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director Lemmon Funeral Home
(b) Address 5305 Harford Road

19 DEC 19 1940 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1940, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1940 to Dec 18th 1940, and that I last saw her alive on Dec 18 1940.

Immediate cause of death	Duration
Asphyxia	
Due to Laryngeal edema	
Due to Thyroidectomy thru a mid line incision 12-18-40	
Other Conditions Graves's disease. Diffuse exophthalmic goitre (Include pregnancy within 3 months of death)	

Major findings:
Of operation Diffuse enlargement of thyroid gland.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore B. Strange M. D.
Address Union Memorial Hosp Date signed 12-4-40

PLEASE WRITE LEGIBLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 75575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75575 Registered No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5409 Morella Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5409 Morella Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME GEORGE ELMER MYERS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-2046

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1901

8. AGE: Years	Months	Days	If less than one day
39	5	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Walter Myers
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sophie Bierman
15. Birthplace Baltimore, Maryland

16 (a) Informant Margaret Myers
(b) Address 5409 Morrell Road

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto

18 (a) Funeral director Leonard J Rank
(b) Address 5305 Harford Road

DEC 19 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 3.20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-18-40

VS 6

F 75576

F 75576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore~~ Howard
(c) City or town Jessup
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? About 20 years

3 (a) FULL NAME Rev. Guido Albert Spiesberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1872

8. AGE: Years	Months	Days	If less than one day
68	—	2	hr. min.

9. Birthplace Grossrinderfeld Germany
(Town, county, and state)

10. Usual Occupation Catholic Priest

11. Industry or business

FATHER
12. Name Francis Ignatius Spiesberger
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Mary Keller
15. Birthplace Germany

16 (a) Informant Rev. A. H. Feldschmidt
(b) Address Jessup Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 20 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Lawrence
Location Jessup Md.

18 (a) Funeral director Elizabeth Harle Fun.
(b) Address 115 E. West St.

DEC 19 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 6:45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 12-16 1940, to 12-17 1940, and that I last saw h[illegible] alive on 12-17 1940

Immediate cause of death Diabetic coma — Duration 1 wk?

Due to Pancreatic arteriosclerosis

Due to

Other Conditions Degen C V Dis. and coronary thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wilson Parks M. D.
Address St Agnes Date signed 12/17

PLEASE WRITE PLAINLY, with unfading ink. Items [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

75577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-2-B

F 75577 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dunbarton & Rayne

(c) Hospital or institution: Univ Balto general Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3013 Herbert St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Grogan (John Francis Grogan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 22, 1900

8. AGE: Years 39 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Asst. Sexton

11. Industry or business Church

FATHER

12. Name Francis P. Grogan

13. Birthplace Maryland

MOTHER

14. Maiden Name Mary C. Russell

15. Birthplace Ireland

16 (a) Informant Mrs. Mary C. Hughes

(b) Address 904 E. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.

(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1940 to Dec 19 1940 and that I last saw h[illegible] alive on Dec 19 1940 at 2 P.M.

Immediate cause of death: Carcinoma of bladder — Duration: 8 years

Due to:

Due to:

Other Conditions: Emaciation, Dehydration

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of bladder

Of autopsy: Carcinoma of bladder

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leonard Wallenstein M. D.

Address 1 E Pratt Date signed Dec 19/40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Cause given in item 21 is especially important. Please see that the certificate is correct and complete.

75578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 75578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 83 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 83 years

131

3 (a) FULL NAME Clara Eppler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife John Eppler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1854

8. AGE: Years 86 | Months 4 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Herman Both

13. Birthplace Germany

MOTHER 14. Maiden Name Lisette Behrens

15. Birthplace Germany

16 (a) Informant Mr. Harry Eppler

(b) Address 2904 Roslyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto. Co.

18 (a) Funeral director Wm. J. Mitcher Sons

(b) Address North & Pa Aves

19 (a) DEC 19 40 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 19 1940, at 6^00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 13 1940, to 12 - 19 1940, and that I last saw her alive on 12 - 19 1940.

	Duration
Immediate cause of death: Uremia a cardiac failure	6 days
Due to Arteriosclerotic Heart disease & nephritis, chronic	?
Due to	
Other Conditions Terminal bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp. Date signed 12-19-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct address. Information is especially important.

F 75579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-C

F 75579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erase, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jurn Sts.
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) H

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Fred.
(c) City or town Middletown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie V. Palmer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife James O. Palmer
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 25, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	27	hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Milton R.B. Rice
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Acrie Sencil
15. Birthplace Frederick Co. Md.

16 (a) Informant Paul Palmer
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/40 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem
Location Middletown. Md.

18 (a) Funeral director Gladhill Bro.
(b) Address Middletown, Md.

DEC 20 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VB 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1940, at 10 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940, to 12-20 1940, and that I last saw h SE alive on 12-20 1940.

Immediate cause of death Metastatic Carcinoma of the Liver — **Duration**

Due to Carcinoma of the Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Pancreas with metastasis to Liver
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Harry Hance M. D.
Address Univ. Hosp. Date signed 12-20-40

F 75580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 169

F 75580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rosemont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore and Delaware Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM HACKETT

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race White

6 (a) Single, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Anna Hackett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19th 1887

8. AGE: Years 53 | Months 0 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Nebraska
(Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business U. S. Customs Service

FATHER
12. Name Harry T. Hackett
13. Birthplace Neb

MOTHER
14. Maiden Name Della E. Gown
15. Birthplace Kentucky

16 (a) Informant Anna S. Hackett
(b) Address 3 Bellevue Indiana Ave - Rosemont

17 (a) Burial (Burial, ~~cremation, or removal~~) **(b) Date thereof** 12/21/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ St. Anns
Location Annapolis Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

DEC 20 1940

~~Local~~ Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940, at 2 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull — **Duration**

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 16, 1940
(c) Where did injury occur? R.R. track between Highland & Rosemont (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury struck by train while walking on track

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 12-19-40

F 75581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 75581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Arrow Apts. #6 East Read St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Delores Foley

3 (b) If veteran, name war No

3 (c) Social Security Account No. 4145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1867

8. AGE: Years	Months	Days	If less than one day
73	2	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Buyer - Childrens Wear

11. Industry or business Mc Cutchin Dept Store

FATHER
12. Name Matthew J. Foley
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Roper
15. Birthplace Phila Pa

16 (a) Informant Jenkins Memorial Hospt.
(b) Address 1000 Caton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) ~~(Signature of registrar)~~ (b) Filed DEC 20 1940 Hunting for Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1940, at 11:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1940, to December 18 1940, and that I last saw h[illegible] alive on 12/18 1940.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Cardio-Vascular

Due to

Other Conditions Hypertrophine Arthritis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Watson Pardo M. D.
Address St Eugenes Date signed 12/19

F 75582

F 75582

61900 M

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 50 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 610 Macon St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26-1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Thiemyer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-7273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Frank Thiemyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Jenkins (janka)
13. Birthplace Poland

MOTHER
14. Maiden Name Ida ? Jadwiga Nowakowski
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Dec 21 1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore Maryland

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester Street

DEC 20 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1940 to 12-17-1940, and that I last saw h[er] alive on 12-17-1940.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Hypertension CVD	
Due to	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Wagshal M. D.
Address 610 Cathedral Date signed 12-17-40

PLEASE WRITE PLAINLY, with unfading ink. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - a Registered No. F 75583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 S. Patterson Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 S. Patterson park ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Frances Jakrzewska

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Stanislaus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30 1881

8. AGE: Years	Months	Days	If less than one day
59	8	17	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Wanda Franciszkowska
(b) Address 232 S. Patterson Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore county

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester street

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

DEC 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940, at 3 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940 to Dec. 17 1940 and that I last saw her alive on Dec. 17 1940.

Immediate cause of death	Duration
TERMINAL BRONCHO-PNEUMONIA	2 DAYS
Due to HYPERTENSIVE CARDIO-VASCULAR RENAL DISEASE	3 YRS.
Due to	
Other Conditions GLAUCOMA (BILATERAL) ASSOCIATED WITH COMPLETE BLINDNESS	3 YRS.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Doenges
Address 209 S. Chester Ste Date signed M. 12 D. 18 1940

Physicians: please write the causes of death clearly and legibly. Information requested is especially important. Be sure to give correct age in each case.

F 75584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 551 Dolphin St
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 551 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. Myers
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-15-1889

8. AGE: Years 51 | Months 7 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William Polk
13. Birthplace Md

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Md

16 (a) Informant William Meyers
(b) Address 551 Dolphin st

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12 21 40 (month) (day) (year)
(c) Cemetery or crematory ~~MT. CALVARY CEMETERY~~
Location Baltimore Md

18 (a) Funeral director Wilkins & Jackson
(b) Address 916 Penna ave

19 (a) (Signature of registrar) (b) Filed DEC 28 1940 (Registrar, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 10 00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Helfrich M.D. Medical Examiner.
Date signed 12/18/40

75585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75585
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Born Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Elizabeth Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	4	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis Clock
13. Birthplace Virginia

MOTHER
14. Maiden Name Irene
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director Thomas E. Kelam
(b) Address 1303 Preston St

19 (a) Date received 12-20-1940 (Registrar) Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1940 at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1940 to 12/19 1940
and that I last saw her alive on 12/19 1940.

Immediate cause of death Carcinoma of stomach & metastases — Duration 6 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gerlach Jr. M.D.
Address Baltimore City Hosp. Date signed 12/19/40

75586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75586

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Wilmot Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 3104 Wilmot Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard E. Chance

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-4272

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Dorothea Chance

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1890

8. AGE: Years	Months	Days	If less than one day
50	3	29	hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business Painting (Bldg)

FATHER 12. Name Wm T. Chance

13. Birthplace Md

MOTHER 14. Maiden Name Sarah Anthony

15. Birthplace Md

16 (a) Informant Dorothea Chance

(b) Address 3104 Wilmot Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Md

18 (a) Funeral director Philip Henry Lentz

(b) Address 2024 Orleans St

DEC 20 1940 (b) Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Dec 17 1940, and that I last saw him alive on Dec 17 1940.

Immediate cause of death Chronic Myocarditis — Duration 3 years

Due to

Due to

Other Conditions Hypertension — 3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature H. K. Trapp M. D.

Address 5106 Harford Rd Date signed 12-17-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

75587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75587

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 550 Benninghaus Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 550 Benninghaus Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L. Slocum

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Slocum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 - 1868

8. AGE: Years	Months	Days	If less than one day
72	5	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name	Paul Moersberger
13. Birthplace	Germany
MOTHER 14. Maiden Name	Katherine Ditzel
15. Birthplace	Germany

16 (a) Informant Mr. Geo. L. Moersberger
(b) Address 550 Benninghaus Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 19 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eutaw St
Funeral for Wednesday, M.P.

19 (a) (b) (Signature of registrar) Registrar

DEC 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1940, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10, 1940 to Dec 17, 1940 and that I last saw her alive on Dec 17, 1940

I hereby state cause of death

	Duration
Cerebral Hemorrhage	Since Jan 8th 1931
Due to Arteriosclerosis	From Jan 8th 1931
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Gerhard M. D.
Address 211 St. Paul Date signed 12/19/40

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Be sure that you have given the correct age in each case. Information is especially important. Physicians: please write the causes of death clearly and legibly.

F 75588

F 75588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any item not known should be carefully inquired for and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ambassador Apts
(c) Hospital or institution: Baltimore Pk & 39th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gordon Gorter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dr. Nathan R. Gorter

6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) June 20 1857

8. AGE: Years 81 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo Somerville Norris
13. Birthplace Balto Md

MOTHER
14. Maiden Name Fannie Wyatt
15. Birthplace Balto Md

16 (a) Informant J Paul Baker
(b) Address 701 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Henry McCulloch Buchanan Co
(b) Address 111 Cathedral St

DEC 20 1940 (b)
(Date received by Registrar) Registrar

Hearing for Alabama, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to Dec 18 1940, and that I last saw her alive on Dec 18 1940.

Immediate cause of death: Cerebral Thrombosis — Duration: 3 yrs
Due to: Arterio Sclerosis
Due to: Hypertension
Due to: Myocarditis.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Woody M. D.
Address 1403 Park Ave Date signed 12/19/40

F 75589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-40

Registered No. F 75589

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Druid Hill Ave.
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) All life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George D. Johnson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widd
6 (b) Name of husband or wife: Cora Johnson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Sept 4, 1875
8. AGE: Years: 65 | Months: 3 | Days: 13 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county and State)
10. Usual Occupation: Butler
11. Industry or business:
FATHER 12. Name: Samuel Johnson
13. Birthplace: Baltimore
MOTHER 14. Maiden Name: Louisa Fresco
15. Birthplace: Baltimore
16 (a) Informant: Mrs. Geo. Holland
(b) Address: 1634 Druid Hill
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20-40 (month) (day) (year)
(c) Cemetery or crematory: Arlington Memorial Park
Location: Balto County
18 (a) Funeral director: J. H. Preston Lutkemeyer
(b) Address: 579 Monroe St.
19 (a) DEC 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17 1940, at 3:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1940 to Dec 17 1940, and that I last saw h[im] alive on Dec 17 1940

	Duration
Immediate cause of death: Pulmonary Cardiac Thrombosis-Renal	
Due to: Arteriosclerosis	2-3 months
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature: Geo. McDonald M.D.
Address: 504 N. Carey Date signed: 12/19/40

VS 3

F 75590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 75590

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton & Wilkens Ave.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Ellicott City, Md.
(If outside city or town limits, write RURAL and give town)

Street No. 6 Columbia Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Burnell M. Ditch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary C. Ditch

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1865

8. AGE: Years	Months	Days	If less than one day
75	11	13	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER 12. Name Daniel W. Ditch

13. Birthplace Pa

MOTHER 14. Maiden Name Rebecca J. Baker

15. Birthplace Pa

16 (a) Informant Charles P. Ditch

(b) Address Ellicott City, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 40 (month) (day) (year)

(c) Cemetery or crematory St Johns

Location Ellicott City Md

18 (a) Funeral director J.C. Higinbotham Jr.

(b) Address Ellicott City Md

19 (a) DEC 20 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24 1940, to 12-18 1940, and that I last saw him alive on 12-18 1940.

Immediate cause of death Carcinoma of the stomach — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions Metastasis to omentum & regional lymph nodes. — Duration .....
(Including pregnancy within 3 months of death)

Major findings:

Of operation .....

Of autopsy Ca of stomach.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature J. C. Pound M. D.

Address St Agnes Hosp. Date signed 12-18-40

PLEASE WRITE LEGIBLY; WITH INK. Physicians: please write the causes of death clearly and legibly. Please see that age is especially important.

F 75591

F 75591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT BRIGHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 21

8. AGE: Years	Months	Days	If less than one day
19	7	22	hr. min.

9. Birthplace Savage, Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ben McDonald
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Gaynell Word
15. Birthplace Petersburg, Va.

16 (a) Informant Cora Bright
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Claremont Va
Location Gravel Hill Cemetery

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) Hunter & Williams M.D.

DEC 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fractures, multiple left femur and tibia

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 18, 1940
(c) Where did injury occur? 3500 Winterbourne (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury Auto truck crashed into

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 12-19-40

Tree

75592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75592 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARL M. TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4899

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Myrtle Taylor
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1906

8. AGE: Years	Months	Days	If less than one day
34	11	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Cab Driver
11. Industry or business Diamond

FATHER
12. Name Harry Taylor
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emma Elise
15. Birthplace Balto Md.

16 (a) Informant Mrs Myrtle Taylor
(b) Address 819 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director H. Herman Kecher
(b) Address 2301 Edmondson Ave.

DEC 20 1940 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wollenweber M.D. Medical Examiner.
Date signed 12-18-40

F 75593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 ✓

F 75593

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and no space left blank. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Summit Nursing Home Catonsville, Md

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 5413 Jonquil Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Samuel Redness Walker

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Gertrude Walker

not living 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1871

8. AGE: Years	Months	Days	If less than one day
69	10	—	— hr. ..... min.

9. Birthplace Kent County, Del. (Town, county, and state)

10. Usual Occupation Marine Engineer

11. Industry or business

FATHER 12. Name Charles W. Walker

13. Birthplace Kent County Del.

MOTHER 14. Maiden Name Sarah Ann Barnes

15. Birthplace Kent County Del.

16 (a) Informant Samuel R. Walker

(b) Address 5413 Jonquil Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Md.

18 (a) Funeral director Town & Bright

(b) Address 1911 Belair Road

19 (a) DEC 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1940, at 1030 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Dec 18 1940, and that I last saw h[illegible] alive on Dec 17 1940.

Immediate cause of death cerebral hemorrhage — Duration 2 days

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature M. H. Patterson

Address 2324 Reisterstown Rd. Date signed 12/19/40 (M. D.)

VS 8

F 75591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

F 75591 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Race St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Race St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME DOLORES JORDAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1923

8. AGE: Years	Months	Days	If less than one day
17	4	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER
12. Name William L Jordan
13. Birthplace Md

MOTHER
14. Maiden Name Helen Welsh
15. Birthplace Va

16 (a) Informant Helen Welsh
(b) Address 1105 Race St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A-A-60 Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Pratt St Baltimore, Md

19 (a) DEC 20 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Abscess, rectorectal	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 12-19-40

VS 6

F 75595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 75595 Registered No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2824 Frederick ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Frederick ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

20 b

3 (a) FULL NAME John F. Falter

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 216-05-7404

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Falter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-1885

8. AGE: Years	Months	Days	If less than one day
55	3	17 18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Window Cleaner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary A. Falter
(b) Address 2824 Frederick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md

18 (a) Funeral director Geo L. Beyer Jr
(b) Address 1512 Hollins st.

19 (a) Dec 20 1940 (Date rec'd by registrar) (b) Arlington for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1940, at 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1931, to Dec 18 1940, and that I last saw him alive on 12/18 1940.

Immediate cause of death	Duration
Coronary occlusion	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D. M. D.
Address 2030 Wilkens Ave Date signed 12/20/40

F 75596 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-B F 75596

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Burgundy St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Idonia Washington

(a) Residence: No. 507 Burgundy St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Russell Washington

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 37; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Jim Jarrett.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Margaret Jones

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Anna Wheatley

(Address) 524 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/20, 1940

19. UNDERTAKER: Watts B Sayler & Bro.

(Address) 1324 Madison Ave.

20. Filed DEC 20 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1940, to Dec 17, 1940

I last saw h[illegible] alive on Dec. 17, 1940. Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1940

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Mayo Strong M. D.

(Address) 711 Park Ave. Balto.

No. 1.—WRITE PLAINLY, with lead pencil. Fill in all blanks with information. If unknown, so state. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 75597 ✓ 275597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-10 Registered No. 7.5.97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Woodbourne ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matthew F Laherty

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-1190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61	2	27	8	

9. Birthplace W Virginia (Town, county, and state)

10. Usual Occupation Laboratory Engineer

11. Industry or business

FATHER
12. Name Patrick Laherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna J Kelly
15. Birthplace Ireland

16 (a) Informant Mrs
(b) Address 2201 Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balto Md

18 (a) Funeral director James A Stanley
(b) Address Catonsville Md

19 DEC 20 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1940, at 4 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1940, to 12-18 1940, and that I last saw him alive on 12-18 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry T Wilson, Jr M. D.
Address St Joseph's Hosp. Date signed 12-18-40

VS 3

F 75598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Pronounced dead
(b) Street address — University Hospital
(c) Hospital or institution: Redwood & Gruth-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 30 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 200 N. Pleasant St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Wong Soon

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: Yellow | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: don't know

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) About 1870

8. AGE: Years: abt-70 | Months: 0 | Days: 0 | If less than one day: — hr. — min.

9. Birthplace: China (Town, county, and state)

10. Usual Occupation: none

11. Industry or business: none

FATHER
12. Name: Could not ascertain
13. Birthplace: China

MOTHER
14. Maiden Name: Could not ascertain
15. Birthplace: China

16 (a) Informant: James Wu (friend)
(b) Address: 222-W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-23-40 (month) (day) (year)

(c) Cemetery or crematory: Lorraine
Location: Woodlawn-Md.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. WOOGEN SUC.) 108 W. NORTH AVENUE

DEC 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940 at 9 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vandervoort M.D. Medical Examiner.
Date signed 12/20/40

VS 6

F 75599 HEALTH DEPARTMENT—CITY OF BALTIMORE F 75599

CERTIFICATE OF DEATH.

92 D

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 ~~Lafayette~~ South Ave ST. 27-15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Paul Jr.

(a) RESIDENCE No. 1806 ~~Lafayette~~ South ave ST., WARD Life.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma W. Paul

6 DATE OF BIRTH (month, day, and year) 8. 1. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer) Printing

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Wm E. Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Sarah C Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Emma Paul

(Address) 1806 South Ave

DEC 20 1940 19 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-40.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1940, to Dec. 18, 1940, that I last saw him alive on Dec. 18, 1940, and that death occurred, on the date stated above, at 12.05 A.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Arteria Sclerosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Heart. Mutal.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C H Beetem, M. D.

Dec. 19 (Address) 1101 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Dec 21 - 1940.

20 UNDERTAKER Stewart Memorial Co.

ADDRESS Baltimore Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 75600 (1) F 75600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 E. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Harry Meyer HARRY AUGUST MEYER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-9907

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1893

8. AGE: Years	Months	Days	If less than one day
47	1 7	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation counter man
11. Industry or business

FATHER
12. Name August Meyer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Bachman
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Henry Sander & Son Inc.
(b) Address North Ave. & Broadway

19 DEC 20 1940 (Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7-40 19—, to 12-18 1940, and that I last saw h[illegible] alive on 12-18 1940

Immediate cause of death Carcinoma of stomach with metastasis to liver — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryston M. D.
Address Balto. City Hosp. Date signed 12-18-40

VS 8

57029-2d

F 75601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo16das
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 459 Brunswick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael J Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1203

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Jennie Ann
6 (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) Sept. 3[illegible], 1875

8. AGE: Years	Months	Days	If less than one day
65	3	15	hr. min.

9. Birthplace Maryland, Baltimore
(Town, county, and state)

10. Usual Occupation confectionary

11. Industry or business Kenyon Candy Co.

FATHER
12. Name Richard
13. Birthplace Ireland

MOTHER
14. Maiden Name Maggie Quark
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Maryland

18 (a) Funeral director H. B. Hilpert & Son
(b) Address 1500 Eutaw St

19 (a) Dec 20 1940 (b) Hunting Park Ave. Balto. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18- 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1940, to 12-18- 1940, and that I last saw him alive on 12-18- 1940.

Immediate cause of death	Duration
Cardiac Failure	7
Due to G-U. M. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-21-40

F 75602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-A

F 75602 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use typewriter if possible. Do not use pencil. Do not fold. Use no abbreviations. Be sure to answer every question. Where information is not known, write "unknown." Where question is not applicable, write "none." Be sure that your answer is complete and correct as to each item. Accuracy as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Stafford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Stafford (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Woodland T. Halstead

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Grace M
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) 12/20/68

8. AGE: Years	Months	Days	If less than one day
71.	11.	29	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Baltimore Transit
11. Industry or business Motorman company

FATHER
12. Name W. T. Halstead
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Connally
15. Birthplace Maryland

16 (a) Informant Mrs. Emily V. Longshaw
(b) Address 3034 Stafford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Maryland

18 (a) Funeral director J. B. Hufnagel & Son
(b) Address 3300 Eutaw St.

DEC 30 1940 (Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1939 to Dec 19 1940, and that I last saw him alive on Dec 19 1940.

	Duration
Immediate cause of death: Coronary Thrombosis Acute	1 Hour
Due to: Cardio-Vascular disease	2 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas W. Johnson M.D.
Address 3432 Frederick Ave Date signed 12/29/40

F 75603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93 P

F 75603

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or a penalty imposed. Physicians: please write the causes of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4n Broadway
(c) Hospital or institution:
Church Home Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 9 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Asquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis A. Fulkoski

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine Fulkoski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1883

8. AGE: Years	Months	Days	If less than one day
57	02	25	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Baltimore City Employee

FATHER
12. Name August Fulkoski
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Kiska
15. Birthplace Poland -

16 (a) Informant Mrs. Katherine E. Fulkoski
(b) Address 1513 Asquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Maryland

18 (a) Funeral director F. B. Wehrheet & Son
(b) Address 700 Eastern Ave.

19 (a) DEC 20 1940 (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19, 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27, 1940, to Dec 19, 1940, and that I last saw him alive on Dec 18, 1940.

Immediate cause of death	Duration
Cardiac Failure,	
Pleural effusion	days
Due to	
Hypertensive C. V. Disease	?
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. H. Reamann, M.D.
Clinical Asst. Inf. M. D.
Address L. H. Reamann, M.D. Date signed 12/19/40

75604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

F 75604 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street, ~~Blvd.~~
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Alameda Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATHERINE EVANS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles A. Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1865

8. AGE: Years	Months	Days	If less than one day
75	11	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Adam Urban
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. E. Kaltwasser
15. Birthplace Germany

16 (a) Informant Mr. Albert Doenges, Sr.
(b) Address 2106 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 DEC 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1940, at 7:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940 to 12-19 1940, and that I last saw her alive on 12-19 1940.

Immediate cause of death
Bulbar paralysis
Due to Cerebral Hemorrhage ??
Due to Hypertension Vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm F. Peace M. D.
Address Union Memorial Date signed 12-19

VS 3

75605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 E 25605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. 3 0 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 E. PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 E. PRATT ST (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME RACHAEL SHEMER
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced WIDOW
6 (b) Name of husband or wife HYMAN
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1860
8. AGE: Years 80 | Months | Days | If less than one day hr. min.
9. Birthplace RUSSIA (town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name SAM WOLMAN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ADA
15. Birthplace RUSSIA

16 (a) Informant wife Next Inv.
(b) Address 1439 E. Baltimore St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location Philadelphia Rd & Bowleys Lane

18 (a) Funeral director Sol Levin Inc.
(b) Address 1437 E. Baltimore St.

19 (c) DEC 20 1940 (Date rec'd by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1940, at ? M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 19 1940, and that I last saw h[illegible] alive on Dec 17 1940.

Immediate cause of death
acute Cardiac Infection
Due to
Due to acute Nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. C. Feldman M. D.
Address 1439 E Balto St Date signed 12/19/40

75606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 75606

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. No. 1730 N. Pulaski St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 31 years

3 (a) FULL NAME Louis Feinstein

3 (b) If veteran, name war: ENLISTED IN 1919

3 (c) Social Security Account No. 215-03-0313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Meyers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1900

8. AGE: Years	Months	Days	If less than one day
40	7	1	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Pool Room

FATHER
12. Name Hyman Feinstein
13. Birthplace Russia

MOTHER
14. Maiden Name Eva Arnoff
15. Birthplace Russia

16 (a) Informant Eva Feinstein
(b) Address 1730 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal), (b) Date thereof 12-20-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Levering Park
Location Phila. Rd

18 (a) Funeral director Jos. Levin & Son
(b) Address 1439 E. Baltimore St.

DEC 20 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1940, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D.
Medical Examiner.
Date signed 12/20/40

VS 6

75607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-C

Registered No. F 25617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Harrisburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 N. 2nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME HENRY LIPSITT

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma
6 (c) If alive, give age: 48 years
7. Birth date of deceased (mo., day, yr.): 9-15-1890
8. AGE: Years 50 | Months 3 | Days 5 | If less than one day: hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Merchant
11. Industry or business: Clothing

FATHER
12. Name: Isaac Lipsitt
13. Birthplace: Russia

MOTHER
14. Maiden Name: Jennie Caplan
15. Birthplace: Russia

16 (a) Informant: Mrs Lipsitt
(b) Address: Harrisburg Pa
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (month) (day) (year)
(c) Cemetery or crematory
Location: Harrisburg Pa
18 (a) Funeral director: Jos. L. Levis Jr.
(b) Address: 1439 E. Baltimore St.
DEC 20 1940 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1940 at 7:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1940 to 12-21 1940, and that I last saw him alive on 12-21 1940.

Immediate cause of death: Carcinoma of Thyroid — Duration:
Due to:
Due to:
Other Conditions: Multiple Metastases to Liver
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R H Clifford M. D.
Address: Union Mem. Hosp. Date signed: 12-21

VS 3

75608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. R 75608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 W. Balto. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Deson, Charles J

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife: Emma L. Deson

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 5 - 1859

8. AGE: Years	Months	Days	If less than one day
81	9	14	hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Retired Painter

11. Industry or business: Own Office

FATHER
12. Name: August Deson
13. Birthplace: Germany

MOTHER
14. Maiden Name: Wachenfeu
15. Birthplace: Germany

16 (a) Informant: Mrs. Emma L. Deson
(b) Address: 2515 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore, Md.

18 (a) Funeral director: George L. Lafferty
(b) Address: 2101 Pinderwick Ave.

19 (a) 0 (Date filed by registrar) Huntingtown, Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1940 at 4-40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1940, to Dec. 19, 1940, and that I last saw him alive on Dec. 18, 1940.

Immediate cause of death	Duration
Coronary occlusion	6 days
Due to arteriosclerosis	3 yrs.
Due to	
Other Conditions Chronic Myocarditis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert E. Redman M. D.
Address 2517 W. Balto. St. Date signed 12/19/40

F 75609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 N. Fulton Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Lee Bevans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Lawrence J. Bevans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1879 ?

8. AGE: Years 61 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Gregory
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant Edwin L. Bevans
(b) Address 1019 N. Pulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto.

19 (a) (Date received by registrar) (b) Arthur Williams M.D. Registrar

DEC 20 1940

Feinglos

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1940, at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940, to Dec 19 1940, and that I last saw h[illegible] alive on Dec. 19 1940.

	Duration
Immediate cause of death: Acute Coronary occlusion	about
Due to Coronary Sclerosis	6 years
Due to Chronic Nephritis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Berry M.D.

Address 2802 E. Pratt St. Date signed 12/20/40

F 75610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75610

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH Hospital for the Women of Maryland

CITY OF BALTIMORE: (No. Lafayette & John St. 27-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

NELLIE WRIGHTSON DAVIS HURLOCK

2. FULL NAME Mrs. Nellie Davis Hurlock

If U. S. Veteran specify WAR .....

(a) Residence: No. 4309 N. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Clarence Harland Hurlock

6. DATE OF BIRTH (month, day, year) April 23 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salem (State or country) Maryland

FATHER

13. NAME Wm E. Davis

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Emma Wrightson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Clarence H. Hurlock Jr (Address) 4309 Charles St Ave

18. BURIAL, CREMATION OR REMOVAL Place Druid Ridge Date Dec 21 1940

19. UNDERTAKER John C. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19.... ..... Registrar.

DEC 20 1940

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1940 to Dec 19, 1940

I last saw her alive on Dec 19, 1940 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph. aureus bacteremia	
(Site of focus undetermined	12-14-40

Other contributory causes of importance:

Diabetes mellitus

Meningitis, Staph. aureus.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Gram stain Microscopic examination autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) Raymond D. Limon, M. D.

(Address) Hospital for Women of Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. E 75611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 S. Stricker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 S. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob H. Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Sister Annie Margaret Dowling 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1852

8. AGE: Years	Months	Days	If less than one day
88	9	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Iron Moulder
11. Industry or business

FATHER
12. Name Thomas Frederick
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Fruburger
15. Birthplace Md.

16 (a) Informant Frank Frederick
(b) Address 328 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1940 (month) (day) (year)
(c) Cemetery ~~(Crematory)~~ Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Harry H. Wiltshe
(b) Address 4101 Edmondson Ave
(c) Huntington Williams, M.D.

DEC 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1940 to Dec 18 1940, and that I last saw h[im] alive on Dec 14 1940

Immediate cause of death: Laceration of the Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Reamer M. D.
Address 206 S Gilmor Date signed 12-20-40

F 75612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Woodland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Elizabeth Edwards.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Chas. T. Edwards Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1875

8. AGE: Years	Months	Days	If less than one day
65	0	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name John Assmus
13. Birthplace Germany.

MOTHER
14. Maiden Name A. Shade
15. Birthplace Germany.

16 (a) Informant Oscar Edwards.
(b) Address 3206 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director J. C. Nuzum Estate
(b) Address Ellicott City Md.

19 (Date received) DEC 20 1940 Huntington White, Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1940, at 1 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1940 to Dec 19 1940, and that I last saw h.. alive on Dec 16 1940

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr
Due to	
Due to	
Other Conditions Chronic Arthritis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E E Nichols M. D.
Address Pikesville Md Date signed 12/20/40

VS 3

75613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 - A

E 75613
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3640 Ellerslie Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3640 Ellerslie Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JENNIE IRICK HAZLEGROVE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Warner Hazlegrove

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	19	hr. min.

9. Birthplace Harrisonburg, Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Samuel Sterling

13. Birthplace Virginia

MOTHER

14. Maiden Name Catherine Irick

15. Birthplace Virginia

16 (a) Informant Miss Mary E. Hazlegrove

(b) Address 3640 Ellerslie Avenue

17 (a) Burial (b) Date thereof 12/21/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 (a) (b) Rec'd by registrar Huntington Williams, M.D. Registrar

DEC 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7th 1940, to Dec 19/1940 and that I last saw alive on Dec 18th 1940.

Immediate cause of death Aortic aneurysm rupture
Cardiac hypertrophy
Due to Arteriosclerosis

Duration

Due to

Other Conditions Thrombosis of
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 401 E 25th St. Date signed 12/19/40

75614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75614 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette + Calhoun Sts

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Woodbourne Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olivia Holland

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosella M. Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1869

8. AGE: Years 71 | Months 5 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Harford Co., Maryland
(Town, county, and state)

10. Usual Occupation Antique dealer

11. Industry or business Self

FATHER

12. Name Oliver Holland

13. Birthplace Maryland

MOTHER

14. Maiden Name Susane England

15. Birthplace Maryland

16 (a) Informant Mrs. O. S. Holland

(b) Address 820 Woodbourne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill

Location Towson, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Avenues

19 (a) Date rec'd by registrar Dec 20 1940 (b) Herrington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1940 to Dec. 19, 1940, and that I last saw h.i.M. alive on Dec. 19, 1940.

Immediate cause of death Cardiac Insufficiency — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 12/19/40

75615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163B

Registered No. F 75615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 W. Cabe Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Fuller Conrad

3 (b) If veteran, name war World | 3 (c) Social Security Account No. 216-05-9479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Nora J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1899

8. AGE: Years	Months	Days	If less than one day
41	0	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business James Bailey & Son

FATHER
12. Name John P. Conrad
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sallie Anderson
15. Birthplace Balto Md

16 (a) Informant Sallie Conrad
(b) Address 843 W. Cabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md

18 (a) Funeral director J. Frederick Love
(b) Address N. Pa Ave

(a) Date rec'd by registrar (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1940, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Confluent lobular pneumonia	
Due to Phenobarbital	
Due to (Phenobarbital Poisoning?) (Awaiting toxicological study)	

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Dec 18 1940
(c) Where did injury occur? 843 W. Cabe Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Gas

23. Signature H. B. Vandegrift M.D. Medical Examiner
Date signed 12/20/40

75616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B F 75616 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5502 Frederick Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5502 Frederick Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CATHERINE B. COOK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Chas. Ed. Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1870

8. AGE: Years	Months	Days	If less than one day
70	5	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Barranger
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Nicklas
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Chas. N. Cook
(b) Address 5502 Frederick Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues
19 (a) Huntington Williams M.D. Registrar
(b) Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1940 at 7:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1940 to Dec. 19 1940, and that I last saw her alive on Dec. 18 1940.

Immediate cause of death	Duration
Chronic Nephritis.	
Due to	
Due to	
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger E. Shannon M.D.
Address 2007 W. Fulton Ave. Date signed 12/19/40 M. D.

75617 ✓ F 75617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-06 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied: correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 Chelsea Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Chelsea Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET E. NICHOLS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Roy McK. Nichols
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1883
8. AGE: Years 57 Months 3 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace Lockport, N. Y. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Tuhoey
13. Birthplace Lockport, N. Y.

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Canada

16 (a) Informant Mr. Richard Nichols
(b) Address 712 Cathedral Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
Address North & Pa. Avenues

19 (a) [illegible] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

DEC 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1940, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Dec. 19, 1940, and that I last saw her alive on Dec. 19, 1940.

Immediate cause of death: Coronary Thrombosis — Duration 4 hrs.
Due to: Causes Unknown.
Due to:
Other Conditions: Arthritis & Neuritis — Duration Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Emrich M. D.
Address 4926 Park Hts Ave Date signed 12-20-40

75618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓

Registered No. 75618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Homewood Apts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. John Lafferty (Anna E.)

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John E. Lafferty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	7	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frederick Hess
13. Birthplace Near Lorraine

MOTHER
14. Maiden Name Anna Abee
15. Birthplace Near Lorraine

16 (a) Informant Paul E. Lafferty
(b) Address 3 Kenwood Rd - Roland Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

DEC 21 1940 (Date rec'd by registrar) Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1940 to Dec 20 1940 and that I last saw her alive on Dec 19 1940.

Immediate cause of death	Duration
Carcinomatosis	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp., Baltimore, Md. Date signed 12-20-40

VS 3

75619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d. 23 m.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Brooklyn. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Second St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Mr George Ege

3 (b) If veteran, name war No
3 (c) Social Security Account No. 216-07-2433

4. Sex Male. | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Ada Ege
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th 1884

8. AGE: Years 55 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Belvedere Hotel

FATHER
12. Name John Ege
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Rose Frankenberger
15. Birthplace Md.

16 (a) Informant Ada M. Ege
(b) Address 3608-2nd Ave-Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed DEC 21 1940 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1940 at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1940 to 12-19 1940 and that I last saw h[illegible] alive on 12-19 1940

Immediate cause of death: Acute heart failure
Due to: Pulmonary Edema
Due to: Hypertensive Cardio Vascular disease.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Blenston M.D.
Address 1216 Light St. Date signed 12/19/40

75620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12-a

F 75620

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline Street

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town White Marsh

(If outside city or town limits, write RURAL and give town)

(d) Street No. Bird River Section

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George H. Brown

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NBE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ella B. Brown

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 22nd 1876

8. AGE: Years	Months	Days	If less than one day
64	6	28	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business Balto. Transit Co.

FATHER

12. Name Henry Brown

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Anna Snyder

15. Birthplace Pa.

16 (a) Informant Francis Maydwell

(b) Address 1202 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

DEC 21 1940 (Date received by local registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20-40 19 ..., at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19-40 19 ..., to 12-20-40 19 ..., and that I last saw h.m alive on 12-20-40 19 ...

Immediate cause of death Gangrene of bowel with perforations — Duration 6 days.

Due to Strangulated hernia

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations Gangrene of bowel with perforations

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature C J Safarino

Address J H Gp Hosp Date signed 12-20-40

F 75621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-P

F 75621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 700 W. 40th St

(c) Hospital or institution:

Home for Incurables

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo

(e) Length of stay in Baltimore (yrs., mos., or days) 42yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto - md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 700 W 40th St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvin McClellan Willis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 - 1862

8. AGE: Years	Months	Days	If less than one day
78	2	15	hr. min.

9. Birthplace Centreville Maryland

(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Edward T. Willis

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary N. Bodley

15. Birthplace Maryland

16 (a) Informant Mrs. Chrestien

(b) Address 700 W. 40th St - city

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-21-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director Chas E Fraver

(b) Address 802 Madison Ave

19 (a) DEC 21 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940 at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Dec 19 1940, and that I last saw him alive on July 19 1940.

Immediate cause of death Acute Pulmonary Bronchitis

Due to

Due to Arthritis

Other Conditions Arteriosclerotic Heart disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration
3 Weeks
2 years
1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. Draper Harperger M. D.

Address 214 Medical Arts Bldg Date signed 12/19/40

75622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 75622

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4134 Roland Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CAROLINE [illegible] TAYLOR

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	S. ✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1863

8. AGE: Years	Months	Days	If less than one day
77 75	2	26	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Retired nurse

11. Industry or business

FATHER

12. Name Edgar J. Taylor

13. Birthplace Phila. Pa.

MOTHER

14. Maiden Name Caroline King

15. Birthplace Balto. Md.

16 (a) Informant Hospital records.

(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 40 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto. Md.

18 (a) Funeral director John Whitehill Sons

(b) Address 900 Eutaw Place

19 (a) Date received by registrar Dec 21 1940 (b) Registrar Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 5 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h[illegible] alive on Dec. 20 1940.

Immediate cause of death Toxemia

Due to 1st 2nd + 3rd degree burns.

Due to

Other Conditions No conflagration

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident.

(b) Date of occurrence 12-15-40.

(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No.

(e) Means of injury fell against stove

23. Signature Mary L. Johnson, M.D.

Address Union Memorial Hospital Date signed 12-20-40

H. J. Mathews, M.D. Chief Medical Examiner

75623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75623 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 E. Smithson st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Smithson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME Sadie F Clark.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wilbert Clark

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1-17-1895

8. AGE: Years 45 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace N. Carolina. (Town, county, and state)

10. Usual Occupation Home wife.

11. Industry or business

FATHER 12. Name Walter Everett.
13. Birthplace N. C.

MOTHER 14. Maiden Name Susan ?
15. Birthplace N. C.

16 (a) Informant Wilbert Clark
(b) Address 628 E. Smithson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave Baltimore (City or town)

DEC 21 1940 Registered by (Registrar) Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940 at 10:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1940, to Dec 19 1940 and that I last saw her alive on Dec 19 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	one hour
Due to hypertension	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Watts

Address 515 Covington Date signed 12/21/40 M. D.

75624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 75624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 23 years

3 (a) FULL NAME Steven Frankakaker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Restaurant Business
11. Industry or business self

FATHER
12. Name Nick Frankakakis
13. Birthplace Greece

MOTHER
14. Maiden Name unknown
15. Birthplace Greece

16 (a) Informant John Baron
(b) Address 227 N. Penna St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W. Baron
(b) Address 440 E. North Ave

DEC 21 1940 Huntington Williams, M.D. Registrar
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1940 to Dec 17 1940, and that I last saw h alive on Dec 18 1940.

Immediate cause of death Unknown

Duration

Due to

Due to

Other Conditions Diabetes Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Alvin S. Hart M.D.
Address University Hospital 12/19

F 75625

Boardley

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-40

Registered No. F 75625

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1240 McElderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Boardley

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-1865

8. AGE: Years	Months	Days	If less than one day
75	5	3	hr. min.

9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual Occupation Teamster (retired)
11. Industry or business

FATHER
12. Name Joseph Boardley
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Underwood
15. Birthplace Md

16 (a) Informant Annie Boardley
(b) Address 1240 McElderry St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location Balto Md

18 (a) Funeral director Joseph E. Locke Jr
(b) Address 1304 N. Central Ave. Huntingtown Williams Md.

19 (a) (Signature or address)

DEC 21 1940
VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1940 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1939 to 12-18 1940 and that I last saw h alive on 12-18 1940

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to	
Nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Rayner Browne

23. Signature [signature] M. D.
Address 1200 E. Madison St Date signed 12-20-40

F 75626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ F 75626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Marshall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Marshall (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Martha Belle Lowery

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29-1863

8. AGE: Years 77 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Carrollton Md. (Town, county, and state)

10. Usual Occupation ———
11. Industry or business ———

FATHER 12. Name John Harrison
FATHER 13. Birthplace Md

MOTHER 14. Maiden Name ———
MOTHER 15. Birthplace ———

16 (a) Informant Mr Robert Lowery
(b) Address 1525 Marshall

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-40 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto

18 (a) Funeral director Jos J Sterrston
(b) Address 156 N Superior Ave

DEC 21 1940 per Huntington Williams M.D. Registrar
(Date filed) (Registrar's initials for)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Dec 15 1940 and that I last saw h[illegible] alive on Dec 17 1940.

Immediate cause of death	Duration
Mitral Regurgitation	2 days
Due to Diabetes Mellitus	Indefinite
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. A. Campbell M. D.
Address 1644 Hanover St Date signed 12-20-40

75627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75627 Registered No.

59169 LH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Hewbert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Mary Beecon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)?

8. AGE: Years 82? Months Days If less than one day hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/40 (month) (day) (year)
(c) Cemetery or crematory Dale Hill
Location Phila. Rd.

18 (a) Funeral director C. O. Schumunk
(b) Address 2601-03 E. Madison St.

DEC 21 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19-1940, at 4:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13-1940, to 12-19-1940, and that I last saw h[illegible] alive on 12-19-1940.

Immediate cause of death Bronchopneumonia
Cardiac failure
Due to Hypertensive CVD
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 12-20-40

75628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75628

Registered No.

Every item of information should be carefully supplied. Name is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 513 Mc Cabe Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 513 Mc Cabe Ave., (If rural give location)

27 10

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mc Caslin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John T. Mc Caslin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1881

8. AGE: Years	Months	Days	If less than one day
59	6	3	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Charles D. Howard

13. Birthplace Mass.

MOTHER

14. Maiden Name Emmert

15. Birthplace Baltimore, Maryland.

16 (a) Informant John T. Mc Caslin

(b) Address 513 Mc Cabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat 21, 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery.

Location North Ave & Rose St.,

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison Street

DEC 21 1940

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19th 1940 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10th 1940 to Dec 18th 1940 and that I last saw h alive on Dec 18th 1940

Immediate cause of death	Duration
acute Cardiac Dilation	3 days
Due to Bronchio Pneumonia	9 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. J. Faulkner M. D.

Address 119 N Milton Ave Date signed 12/21/40

F 75629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 75629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THIS WORK

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Savoy Hotel 1020 E. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. O'Brien

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth H. O'Brein.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1886

8. AGE: Years	Months	Days	If less than one day
54	9	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk at Court House
11. Industry or business

FATHER
12. Name Thomas OBrein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore

16 (a) Informant Elizabeth H. O'Brein.
(b) Address 102 S Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave

18 (a) Funeral director Lilly & Eisleden
(b) Address 403 N Bolton St.

19 (Signature and address) DEC 21 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20- 1940, at 11:55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured Skull
Due to
Due to
Other Conditions Syph: arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings: Coronary Disease
Of operations Generalized atherosclerosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-20-1940
(c) Where did injury occur? Savoy Hotel Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell down a flight of stairs

23. Signature Howard J. Huntington Medical Examiner. M.D.
Date signed 12-20-40.

VS 6

F 75630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 P Registered No. F 75630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis R. Theophil

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1864

8. AGE: Years	Months	Days	If less than one day
76 67	11		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John J. Theophil
13. Birthplace Unknown

MOTHER
14. Maiden Name Miss Elizabeth —
15. Birthplace Unknown

16 (a) Informant Miss Grace Taylor
(b) Address 2619 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Mary M. Kirkfield
Address 501 E. 32nd St.
19 (a) (Signature of person who registered death) (b) Date received Arlington Williams M.D. (Registrar)

VS 2-40

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1940, to 12/20 1940, and that I last saw h alive on Dec 20 1940.

Immediate cause of death Peripheral Circulatory Collapse — Duration

Due to Generalized Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. V. Oliman, M.D.
Address Md. General Hosp. Date signed 12/29/40

DEC 29

F 75631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 75631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N Bethel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Selby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~

6 (b) Name of husband or wife Geo Selby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Deales Island Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Tyler Milburn

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth ?

15. Birthplace

16 (a) Informant Mary Wright

(b) Address 1112 Dumbarton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1940 (month) (day) (year)

(c) Cemetery or crematory Deales Island Md

Location Somerset Co Md

18 (a) Funeral director Robt E Williams

(b) Address 515 McElderry St

19 (a) DEC 21 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6-1940, to 12-17-1940, and that I last saw her alive on 12-15-1940.

Immediate cause of death: Carcinoma of Stomach — Duration: 6 mos

Due to: —

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vern H. Cargiee M. D.

Address 611 N. Carolina St Date signed 12-20-40

VS 3

75632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Waldo Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Waldo Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd E. Wheatley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-2922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Annie Wheatley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 27-1897

8. AGE: Years	Months	Days	If less than one day
43		23	hr. min.

9. Birthplace Dorchester Co - Maryland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business —

FATHER
12. Name Floyd Wheatley
13. Birthplace Dorchester Co. Maryland

MOTHER
14. Maiden Name Melvina Travers
15. Birthplace Dorchester Co. Maryland

16 (a) Informant Annie Wheatley
(b) Address 1617 Waldo Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A R Co md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) Date received DEC 21 1940 Hunting ton Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20- 1940 at 11:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquest thereon and from the evidence obtained by said Autopsy - Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 12-21-40

75633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 40a

F 75633 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Pennsylvania ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Pennsylvania ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisiana Guarles OR McIVER.

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Leslie McIver

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 27 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Washington, N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bob Moore
13. Birthplace Washington, N.C.

MOTHER
14. Maiden Name Louisa Gennett
15. Birthplace Washington, N.C.

16 (a) Informant Nancy Moore
(b) Address Washington, N.C.

17 (a) Burial (b) Date thereof 12/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakdale
Location Washington NC

18 (a) Funeral director Leon A Randolph
(b) Address Washington N.C.

19 DEC 23 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940 at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ... (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Vandiver M.D.
Medical Examiner.

Date signed 12/17/40

75634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

E 75634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 N Payson St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Margareta Schneucker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	MARRIED

6 (b) Name of husband or wife HENRY

6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) MAY 5, 1871

8. AGE: Years	Months	Days	If less than one day
69	7 6	15	— hr. — min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business —

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant HENRY SCHNEUCKER - HUSBAND
(b) Address 1819 N. PAYSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/23/1940 (month) (day) (year)
(c) Cemetery or crematory WESTERN
Location BALTIMORE, MD

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. NORTH AVE.

19 DEC 21 1940 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 20 1940, at 7:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Kelsch M.D.
Medical Examiner Investigator
Date signed 12/20/40

VS 6

75635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16

F 75635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 E. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 E. Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Clark

3 (b) If veteran, name war No | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ethelyn H. Clark
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) June 14, 1897

8. AGE: Years	Months	Days	If less than one day
43	6	6	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Oil Burner Mechanic
11. Industry or business

FATHER 12. Name James T. Clark
13. Birthplace Md

MOTHER 14. Maiden Name Addie George
15. Birthplace Md

16 (a) Informant Ethelyn H. Clark
(b) Address 16 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co

18 (a) Funeral director C. Bernard Evans
(b) Address 1400 N. Charles St

DEC 21 1940 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/1935 to 12/20/1940.
and that I last saw him alive on 12/20/1940.

Immediate cause of death	Duration
Tuberculosis of the spine and pelvis - abdominal	
Due to tuberculosis	?
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St. Date signed 12/20/1940.

VS 3

F 75636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75636 — 93-D — Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIAM HARRIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-4266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Esther Harris
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 1890

8. AGE: Years	Months	Days	If less than one day
50	10		..... hr. ..... min.

9. Birthplace Greenville, S. C. (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business —

FATHER
12. Name Jessie Harris
13. Birthplace S.C.

MOTHER
14. Maiden Name Anna ?
15. Birthplace S.C.

16 (a) Informant Esther Harris
(b) Address 1415 Harford Ave

17 (a) M. Carey (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Dec 23 1940
(c) Cemetery or crematory .....
Location .....

18 (a) Funeral director A. Halstead
(b) Address 1460 Druid Hill Ave

19 (a) Dec 22 1940 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1940, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Hypertensive heart disease. — Duration .....
Due to .....
Due to .....
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. L. Wallenmeier M.D.
by Medical Examiner.
Date signed 12-19-40

VS 6

16

F 75637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1940 Registered No. F 75637

MARGIN-RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a
(c) City or town East Port
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 Chester Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Georgianna Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James Johnson

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) [illegible] 1898

8. AGE: Years: 42 | Months: 9 | Days: 16 | If less than one day: ... hr. ... min.

9. Birthplace: West River Md. a.a.Co
(Town, county, and state)

10. Usual Occupation: Woman wife

11. Industry or business

FATHER
12. Name: George Jones
13. Birthplace: West River Md.

MOTHER
14. Maiden Name: Annie Myers
15. Birthplace: West Riber Md.

16 (a) Informant: James Johnson
(b) Address: 129 chester ave. Eastport

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 25 40 (month) (day) (year)
(c) Cemetery or crematory: Rose Hill
Location: 2 miles outside Annapolis

18 (a) Funeral director: Chas H. Alexander
(b) Address: 45 North West Street

19 (a) 12-28-1940 (b) [illegible] Registrar
Date received by registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 12 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration
Due to
Due to: Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wilkinson G. Pickard M.D.
Medical Examiner.
Date signed 12/24/40

F 75638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75638 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 O'Donnell Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leslie Forrest Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 228 01 1528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gladys Cannon
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) July 17, 1906

8. AGE: Years	Months	Days	If less than one day
34	5	2	hr. min.

9. Birthplace Newport News, Virginia
(Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business ESSO BARGE NO. 7

FATHER
12. Name James B. Thomas
13. Birthplace Glouster County, Virginia

MOTHER
14. Maiden Name Lydia White
15. Birthplace Newport News, Virginia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St. & 43 St.

18 (a) Funeral director Stephen J. Fialkowski Inc.
(b) Address 1080 S. Kenwood Ave.

19 (a) (Date received) DEC 23 1940 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1940, to Dec. 19, 1940, and that I last saw him alive on Dec. 19, 1940

Immediate cause of death	Duration
Broncho-pneumonia	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. B. H. M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 12/20/40 M.D.

3353-M

F 75639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75639

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yr. 5mo. 12das.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 S. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Josephine Kowalski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-1867

8. AGE: Years	Months	Days	If less than one day
73	11	15	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Henry Besl
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location 6000 Hopkins Hill Rd.

18 (a) Funeral director Stephen J. Fialkowski
(b) Address 1000 S. Kenwood Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-1935 to 12-21-1940 and that I last saw h-er alive on 12-21-1940.

Immediate cause of death	Duration
a-S. H. Dis	7
Due to Cer. A-S.	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 12-21-40 M. D.

F 75640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-6 Registered No. F 75640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES CHARLESWORTH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1884

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace New Haven (Town, county, and state)

10. Usual Occupation "

11. Industry or business "

FATHER 12. Name John Charlesworth
13. Birthplace N. J.

MOTHER 14. Maiden Name Minerva Lasking
15. Birthplace N. J.

16 (a) Informant Christy & Son (undertakers)
(b) Address Millville N. J.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Pleasant.
Location Millville N. J.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Date received by registrar) DEC 23 1940 (b) Huntingtown Williamsport, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18th 1940, at 12 55 ~~A.M~~ P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull

Due to

Due to

Other Conditions: Tuberculosis, pulmonary chronic, far advanced (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 18, 1940
(c) Where did injury occur? in front of 312 Lemmon St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury drunk and fell to street

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-19-40

F 75641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 75641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Becker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Houe Wife

FATHER
12. Name Aaron Klawansky
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Gertrude Becker
(b) Address 2121 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedle
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 22 1940 (Date received by registrar) (b) [signature] Registrar

VS 8

MEDICAL CERTIFICATION 4.30

20. DATE OF DEATH December 21, 19 at 40P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-15-1940 to Dec-21-1940, and that I last saw her alive on Dec-21-1940.

Immediate cause of death	Duration
Cerebral arterio sclerosis	about 10 yrs
Due to General arterio-sclerosis	
Due to Hypertension	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Seidel M. D.
Address 2402 Eutaw Place Date signed 12/24/40

F 75642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 75642 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3714 Overlea Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Overlea Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA L. KNIPP

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1875

8. AGE: Years	Months	Days	If less than one day
64	11	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Christian Knipp
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Miller
15. Birthplace New York

16 (a) Informant Mrs. Mary E. Imwold
(b) Address 3714 Overlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Lannahan Funeral Home
(b) Address 7401 Belair Road

DEC 22 1940 (Registered by Registrar) (by) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 1940 at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1940 to 12/19 1940 and that I last saw her alive on 12/17 1940.

Immediate cause of death: Cancer of Right Breast with Metastasis — Duration between onset and death

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of breast 2/16/1940
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W Mackey

Address 6304 Belair Rd Date signed 12/20/40 M. D.

E 75643
390288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-4 F 75643 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 1728 David Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Emma Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-81

8. AGE: Years	Months	Days	If less than one day
59	1	11	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Mac Lightner

13. Birthplace VA

MOTHER 14. Maiden Name Betty Taylor

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 12-22-1940 (month) (day) (year)

(c) Cemetery or crematory

Location Richmond Va

18 (a) Funeral director George T. Gibson Sr

(b) Address 1735 Orchard Hillan

19 (a) Dec 22 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 335 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to Dec 20 1940, and that I last saw h.e.r alive on Dec 20 1940.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations nodular Goiter
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Rockwell M. D.
Address Johns Hopkins Date signed

Spec.—1-12-23—M&T—500 Blks.

F 75644 HEALTH DEPARTMENT—CITY OF BALTIMORE F 75644

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH.

√ 93-D

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S. Broadway ST. 3-1 WARD)

2-FULL NAME Mrs Catherine M. Spurrier

(a) RESIDENCE NO. 122 S. Broadway ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Spurrier

6 DATE OF BIRTH (month, day, and year) March 15, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Owen P. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Monaghan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant William A. Spurrier

(Address) 122 S. Broadway.

15 Filed DEC 22 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1940

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1940 to Dec 21, 1940.

that I last saw h[illegible] alive on Dec 21, 1940

and that death occurred, on the date stated above, at 7[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic and Hypertensive Cardiovascular Disease

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. Raymond Peters, M. D.

, 19 (Address) 1127 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 12/23 1940

20 UNDERTAKER Martin A. E. Doppel

ADDRESS 375 Conn. St.

F 75645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 D F 25645 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 85 years

3 (a) **FULL NAME** Elizabeth Feldmann

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex ♀ | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) June 30 1854

8. AGE: Years 86 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Seraphin Straske

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth ?

15. Birthplace Germany

16 (a) Informant Joseph Feldmann

(b) Address 106 S Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Mart. H. E. Dippel

(b) Address 37 S. Ann St

19 (a) (Signature of Registrar) (b) Registrar

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Dec 20 1940 and that I last saw h alive on Dec 20 1940.

Immediate cause of death Pulmonary Edema
Chronic Myocarditis
Due Senile changes.

Duration 48 hrs 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D Lyford, M. D.

Address 432 S. Patterson Pk Date signed 12/22/40

75646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9

75646

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205-E. Preston St.) (or) 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Francis Hawkins

If U. S. Veteran specify WAR

(a) Residence: No. 1205-E Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lee Andrew Hawkins

6. DATE OF BIRTH (month, day, year): 5-17 1868

7. AGE: Years 72 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Campbell Maryland

FATHER

13. NAME: Henry Dellman

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Miss Frances Hopkins

(Address) 1205 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: 12/23, 1940

19. UNDERTAKER: Mrs Ida Bailey

(Address) 1421 Jefferson St.

20. FILED DEC 23 1940, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-19-40

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1940 to 12/19, 1940

I last saw h[illegible] alive on 12/19, 1940 Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic-Regular disease of Aorta	12/11
pectoris	12/18

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Signs & Symptoms

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Blake M.D.

(Address) 1227 E. Central Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75647 ✓ F 75647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Alvarado Sq. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Violet D. Christopher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John M. Christopher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8-1891

8. AGE: Years 49 | Months 5 | Days 12 | If less than one day: hr. min.

9. Birthplace St Mary's Co. Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Benjamin Dunbar
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Booth
15. Birthplace Virginia

16 (a) Informant John M. Christopher
(b) Address 2811 Alvarado Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23-1940 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location St Marys City Md

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road (Undertaker or Funeral Director) Williamsport Md

19 (a) DEC 22 1940 (Date received by Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1940, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Dec 20 1940, and that I last saw her alive on Dec. 20 1940.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Carcinoma of Sigmoid	own
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tumpkin M. D.
Address Md. General Hosp. Date signed 12/22/40

F 75648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-MF 75648 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N. Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME John Koerber

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Barbara Koerber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1865

8. AGE: Years	Months	Days	If less than one day
75	4	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name Konrad Koerber
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Mueller
15. Birthplace Germany

16 (a) Informant John Koerber
(b) Address 1712 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 E. Eager St. Hunting for Williams, Inc.

19 (a) DEC 22 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 2:04 M

21. I certify that death occurred on the date above-stated; that I attended deceased from Dec 15 1940 to Dec 20 1940 and that I last saw him alive on Dec. 19 1940

Immediate cause of death
Uraemia Intoxication
General Arteriosclerosis
Due to

Due to

Other Conditions Senile Amputation and Carcinoma Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 Years
3 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg
Address 2025 E. Monument St. Date signed 12/21/40 D.

F 75649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 75649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1351 W. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1351 W. Carey
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorcas Helena Bowers

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1930

8. AGE: Years	Months	Days	If less than one day
10	2	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name George Bowers
13. Birthplace Baltimore - Md.

MOTHER
14. Maiden Name Edna Holley
15. Birthplace Baltimore - Md.

16 (a) Informant Edna Bowers
(b) Address 1351 W. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/40 (month) (day), (year)
(c) Cemetery or crematory St Peters Cem
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman

19 (a) Date received DEC 22 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1940 to Dec. 19 1940, and that I last saw her alive on Dec. 19 1940.

Immediate cause of death
Bronchio-Pneumonia — Duration 4 days
Due to Measles
Due to Antecedent causes of death
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan. L. Berry M. D.
Address 1920 E. Chase Date signed 12-20-40

75650

OF 61732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75650

83-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E. Pratt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Earing (Arthur Erring)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1863

8. AGE: Years	Months	Days	If less than one day
77 (79)	5	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Waterman
11. Industry or business

FATHER
12. Name ? Jerome Earing
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Quaker Cemetery
Location Galesville Md.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

DEC 22 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16-1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-1940 to 12-16-1940 and that I last saw h[illegible] alive on 12-16-1940

Immediate cause of death Tuberculosis and Hemorrhage — Duration 3

Due to Gen. A-S. — Duration 3

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hosp. Date signed 12-17-40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 Fernhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 51 Bayard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Amelia Schuchardt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1863

8. AGE: Years	Months	Days	If less than one day
77	11	1	hr. min.

9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Jacob Schuchardt
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret E. Hess
15. Birthplace Unknown

16 (a) Informant Annie Elizabeth Granger
(b) Address 4205 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1940 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Mesaith Lane, Baltimore Co.

18 (a) Funeral director Henry H. Limacher
(b) Address 4204 Ridgewood Ave

19 (a) (Signature) (b) Hunting Park Avenue, Baltimore, Md.

DEC 22 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940, at 5.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 1940, to Dec. 19 1940, and that I last saw her alive on Dec. 19 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Generalized arteriosclerosis ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knipp M. D.
Address 3030 Edmondson Ave. Date signed Dec. 19

F 75652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 25652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 W. Old Spring Lane

(c) Hospital or institution: Hoffman Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 6yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3304 Auchentoroly Terraces (If rural give location)

(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Lena Herbst

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ George R. Herbst

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1860

8. AGE: Years	Months	Days	If less than one day
80	4	15	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER

12. Name Charles Theis

13. Birthplace Germany

MOTHER

14. Maiden Name Alvina Weber

15. Birthplace Germany

16 (a) Informant Mrs Frederick Kuntz

(b) Address 3304 Auchentoroly Terraces

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/23/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lutheran Queens N.Y.

Location Long Island N.Y.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) DEC 23 1940 (Date received by Registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1940, at 6-45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 19 40 to Dec 20 1940, and that I last saw her alive on Dec 19 1940.

Immediate cause of death	Duration
Due to Cerebral Hemorrhage	one week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter W. Wheeler M.D.

Address 2800 St Paul Date signed 12-21-40

F 75653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 75653

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Marshall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Marshall St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hans Kehring

3 (b) If veteran, name war No

3 (c) Social Security Account No. 219-01-8926

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia Kehring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1888

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Florist

11. Industry or business Self

FATHER
12. Name (Unknown) Kehring
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs John H. Bohlen Jr
(b) Address Old Phila. Rd. & Schaefer Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (b)

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20-40 19, at 11 ☐ A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Hypostatic Congestion from Acute Congestive Heart Failure	
Due to (b) Complete Fracture of Left Tibia & fibula	
Due to (c)	
Other Conditions Hemolytic Adenomegaly.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-26-1940
(c) Where did injury occur? Harford Road & Kilburn Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Struck by automobile while crossing intersection

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 12-20-40

F 75651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 25654

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 N. East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-10

3 (a) FULL NAME William G. Hughlett

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	NIHE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emanda B. Hughlett
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1884

8. AGE: Years	Months	Days	If less than one day
56	11	20	..... hr. ..... min.

9. Birthplace Cambridge Md (Town, county, and state)
10. Usual Occupation Retired Dealer
11. Industry or business Produce

FATHER
12. Name Richard Hughlett
13. Birthplace Cambridge Md

MOTHER
14. Maiden Name Martha E. Covey
15. Birthplace Federalsburg Md

16 (a) Informant Emanda B. Hughlett
(b) Address 514 N. East Ave

17 (a) Burial (b) Date thereof 12/24/40 (month) (day) (year)
(Burial, ~~cremation, or removal~~)
(c) Cemetery ~~or crematory~~ Oak Hill
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) ..... (b) Huntington W. Va.
(Registrar's signature)

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1940, at 12:01 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Dec 21 1940, and that I last saw ~~him~~ alive on Dec 20 1940.

~~Immediate~~ cause of death

	Duration
Coronary Thrombosis	10 days
Due to Arteriosclerosis	7 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Sikonsky, M.D.
Address 2939 Mt. Olivet Ave Date signed 12/24/40

F 75655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 W. Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 W. Fayette st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R. Sunwalt

3 (b) If veteran, name war Spanish-American War
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Ella G. Sunwalt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 5th 1867

8. AGE: Years 73 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Tailor Cutter
11. Industry or business Strauss Bros

FATHER
12. Name Chas. Sunwalt
13. Birthplace Unknown

MOTHER
14. Maiden Name Emily V. Nower
15. Birthplace Balto Md.

16 (a) Informant Una Belschner
(b) Address Hazelwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) DEC 22 1940 (Registered by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1940, at 7a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to Dec 21 1940 and that I last saw h~~im~~er alive on Dec 20 1940.

Immediate cause of death Coronary Thrombosis — Duration 3 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Lehnfeld M. D.
Address 2301 Annapolis Rd Date signed 12-24-40

VE 3

F 75656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 75656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Dolfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Dolfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily A. Fallwood

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1866

8. AGE: Years	Months	Days	If less than one day
74	11	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Hotel

FATHER
12. Name Charles F. Fallwood
13. Birthplace Pittsburg Pa

MOTHER
14. Maiden Name Margaret T. Redmen
15. Birthplace Balto. Md.

16 (a) Informant Mary Fallwood
(b) Address 2001 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (b) Huntington, West Virginia

DEC 23 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1940, at 6a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Dec. 20 1940, and that I last saw h[illegible] alive on Nov. 26 1940.

Immediate cause of death: Acute cardiac decompensation — Duration: 4th day

Due to: myocarditis

Due to: Cardiac irregular type - Coronary disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. M. Smith
Address 2435 Maryland Ave Date signed 12/20/40

F 75657 Caroline Baker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. F 75657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 S. Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 S. Augusta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Caroline Baker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm F Baker

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Jan 6 1861

8. AGE: Years 79 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Weigel
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Wm F. Baker
(b) Address 139 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Albert W. Gregory
(b) Address 440 E. North Ave

19 (a) Huntington Williams, M.D. Registrar
(b) [illegible] Registrar

DEC 22 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30, 1939, to Dec. 20 1940, and that I last saw her alive on Dec. 20 1940.

Immediate cause of death: Bilateral Bronchopneumonia — Duration 1 wk.

Due to Myocardial Insufficiency — Duration 10 yr.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milnor K. Gallagher M. D.
Address Catonsville, Md. Date signed 12/21/40

75658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S Janney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 5 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S Janney St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles George Koch

3 (b) If veteran, name war —
3 (c) Social Security Account No. Cash

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Koch
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan 07 - 1874

8. AGE: Years	Months	Days	If less than one day
66	10	23	hr. min.

9. Birthplace Washington D C (Town, county, and state)
10. Usual Occupation motorman
11. Industry or business Retired

FATHER
12. Name Karl Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Seitz
15. Birthplace md

16 (a) Informant Gardner L Koch
(b) Address 305 S Decker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Eastern Ave

19 (a) DEC 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 4A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1933 to 12/20 1940 and that I last saw h[illegible] alive on 12/19 1940.

Immediate cause of death	Duration
Arterio sclerosis	
Myocardiolysis	2 yrs.
Due to	
Due to	
Other Conditions Prostate Bowels Cystitis Cardiac arthma Insomnia	7 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen L. Lehrer M. D.
Address 939 Fremont Ave Date signed 12/24/40

29189

F 75659

F 75659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-M

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Duncan Sts.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Duncan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Loretta Hammerbacher.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4176

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henry Hammerbacher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/17

8. AGE: Years 23 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Clerk at B&O Store Dept

FATHER
12. Name Michael Buccheri
13. Birthplace Italy

MOTHER
14. Maiden Name Florence Warthen
15. Birthplace Baltimore

16 (a) Informant Henry Hammerbacher
(b) Address 700 N Duncan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 800 Allendale

19 (a) (Local Registrar) (b) Huntingtor Williams M.D.

DEC 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1940 to Dec. 19 1940, and that I last saw her alive on Dec. 19 1940.

Immediate cause of death Coronary Thrombosis

Due to Eclampsia

Due to

Other Conditions Pregnancy

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Eclampsia, Congestion

Duration

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard L. Rubber M. D.
Address St. Joseph's Hosp Date signed 12/24/40

F 75660

8916 84

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

F 75660 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Balto
(a) State Md (b) County Turners Sta
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Aisquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Neal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-89

8. AGE: Years	Months	Days	If less than one day
1	17 5 9		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Neal
13. Birthplace Va

MOTHER
14. Maiden Name Agnes Black
15. Birthplace Va -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-48 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Archibald A Faddis
(b) Address 1401 Mt Cuthbert St

19 (a) Date received by registrar Dec 29 1948 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1948, at 3:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1948 to Dec 20 1948, and that I last saw her alive on Dec 20 1948.

Immediate cause of death: Laryngeotracheobronchitis — Duration: 10 days
Due to: Diphtheria
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Diphtheria

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 12-20-48 M. D.

F 75661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111-a

F 75661

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Battery Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin J. Carey, Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Ellen Carey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 1863

8. AGE: Years	Months	Days	If less than one day
77	9	1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Solicitor

11. Industry or business

FATHER
12. Name Charles Carey
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Calahan
15. Birthplace Ireland

16 (a) Informant Martin J Carey, Jr
(b) Address 1418 Battery Avenue - Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Catholic Cemetery
Location 4300 Old Frederick Road

18 (a) Funeral director Edw. Hart Sons
(b) Address 115 E. West St.

19 (a) Date received by local registrar DEC 22 1940
(b) Signature of local registrar Frances Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 8:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1940, to Dec. 20 1940, and that I last saw him alive on Dec. 20 1940.

Immediate cause of death Cerebral Embolism

Duration 18 days

Due to

Due to

Other Conditions General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis P. Magoon M. D.
Address 3-3 26 Professional Bldg. Date signed

F 75662 — In the Matter of 12 Charles St — F. 75662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ——
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1606 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME John William Stallings
3 (b) If veteran, name war No
3 (c) Social Security Account No. 219-03-3710
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife ——
6 (c) If alive, give age —— years
7. Birth date of deceased (mo., day, yr.) 6-12-1882
8. AGE: Years 59 | Months 6 | Days 10 | If less than one day hr. ____ min. ____
9. Birthplace Martinsburg W Va (Town, county, and State)
10. Usual Occupation Painter
11. Industry or business Contracting
FATHER 12. Name Richard Samuel Stallings
13. Birthplace Belleville Md.
MOTHER 14. Maiden Name Eleanor Read
15. Birthplace Todsville Md
16 (a) Informant James P. Stallings
(b) Address Buckeystown Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Monocacy Cem Location Belleville Md
18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.
DEC 22 1940 (Date received by registrar) Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 22 1940, at 5 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 22 1940 to 12 - 22 1940, and that I last saw h[im] alive on 12 - 21 - 1940

	Duration
Immediate cause of death: Coronary Thrombosis	3 days
Due to: General arterio sclerosis	yrs?
Due to: Cardiac hypertrophy	
Due to: Valvular disease of heart	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Dennis M. D.
Address Medical Arts Bldg Date signed 12-22-40

F 75663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 75663 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos & 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Longwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William J. Sissel

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-09-1308

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Annie M. Sissel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1871

8. AGE: Years 69 | Months | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business

FATHER
12. Name Frederick Sissel
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Vable
15. Birthplace Germany

16 (a) Informant Anna M. Sissel
(b) Address Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Boulevard

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St. Baltimore, Md.

DEC 23 1940 (Date received) (Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/30 1940 to 12/21 1940. and that I last saw h alive on 12/21 1940.

Immediate cause of death Cardiac failure

Due to adenocarcinoma of rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations adenocarcinoma of rectum

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Frederick Johnston M.D.
Address Md General Date signed 12/21/40

F 75664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-L

F 75664

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 18 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yr 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Granite (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Somerville

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 2/22/72

8. AGE: Years	Months	Days	If less than one day
68	9	22	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Felix Somerville
13. Birthplace North Carolina

MOTHER
14. Maiden Name Martha Ross
15. Birthplace North Carolina

16 (a) Informant Son, James
(b) Address ?

17 (a) Burial, cremation, or removal (b) Date thereof 12 24 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) Filed (Date received by Registrar) DEC 23 1940 (b) Huntington H. Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20/1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1940, to Dec 20 1940, and that I last saw him alive on Dec 20 1940

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 hr. 9 hr.
Due to Hypostatic Pneumonia Both Lungs.	?
Due to Congestive Failure	9 mo.
Other Conditions Luetic Heart Disease	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy M. D.
Address Mercy Hospital Date signed

F 75665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170-C

Registered No. F 75665

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 S. Decker Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD BOBER S.S. 216-07-0733

3 (b) If veteran, name war: no

3 (c) Social Security Account No. ~~222-18-0297~~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife Frances Bober

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) October ? 1884

8. AGE: Years	Months	Days	If less than one day
56	2	?	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Paul Bober
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Frances Bober
(b) Address 1247 S Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Pudy
(b) Address 2829 Hudson St

(a) (Date rec'd by registrar) DEC 23 1940 (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 5 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, pleural cavities	
Due to Fracture of 11th thoracic vertebra.	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 21, 1940
(c) Where did injury occur? Boston and Hanover Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 12-22-40

75666

HEALTH DEPARTMENT—CITY OF BALTIMORE

75666

CERTIFICATE OF DEATH

✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 McCulloh St. 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 5 yrs. ... mos. ... da.

2. FULL NAME Mary Gloster

If U. S. Veteran specify WAR .....

(a) Residence: No. 1522 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gloster

6. DATE OF BIRTH (month, day, year) 4-14-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Toronto Ca.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Toronto Ca.

17. INFORMANT Dr. Carl Gloster

(Address) 1522 McCulloh Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date 12-23 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED DEC 23 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1936 to 12-19 1940

I last saw him alive on 12-18 1940 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular Renal disease	
Other contributory causes of importance	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1522 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183-

Registered No.

F 75667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 544 Dolphin St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 544 Dolphin St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Kay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife Annie Kay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-4-1874

8. AGE:	Years	Months	Days	If less than one day
	66	8 7	17	hr. min.

9. Birthplace Anacostia Md (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Private Family

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Maurice Kay

(b) Address 544 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Division St Hill Ave.

DEC 23 1940 Hunter Tom Williams, M.D. Registrar

(Date received) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 19[illegible] to Dec 21 1940 and that I last saw h[illegible] alive on [illegible]21 1940

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arterio-Sclerosis — 18 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 544 Dolphin St Date signed 12-21-40

F 75668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 75668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 E. West
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 E. West (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 3

3 (a) FULL NAME John V. Boyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Louise Hoos Boyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	29	hr. min.

9. Birthplace Balto., Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Andreo Boyle Jr.
13. Birthplace

MOTHER
14. Maiden Name Julia Houghan
15. Birthplace

16 (a) Informant Marie McLaughlin
(b) Address 133 E. West

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

DEC 23 1940 (Date rec'd by registrar)

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Dec 22 1940. and that I last saw h alive on 12/22 1940.

Immediate cause of death	Duration
Coronary thrombosis	
Due to hypertension	4 yr
Due to arteriosclerosis	10 yr
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 122 E. Chase St. Date signed 12/23/40

F 75669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave. & Lake Drive Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** MOSES S. STROUSE.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Selma M. Strouse.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8th. 1873

8. AGE: Years 67 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Clothing Merchant.

11. Industry or business

FATHER 12. Name Samuel Strouse,

13. Birthplace Germany.

MOTHER 14. Maiden Name Bertha Samstag,

15. Birthplace Germany.

16 (a) Informant Mrs. M. S. Strouse,

(b) Address Riviera Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.23.40. (month) (day) (year)

(c) Cemetery or crematory Oheb Shalom

Location Balto. Md.

18 (a) Funeral director Uriel Lonchheim & Son

(b) Address 1902 Eutaw Place.

(c) (b) Huntington Hillman M.D.

DEC 23 1940 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1940 at 3. A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19. 1906. to Dec 22. 1940. and that I last saw h alive on Dec. 7. 1940.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to Coronary arterio-sclerosis	
Angina pectoris since	1926
Due to Coronary thrombosis	1937
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis P. Hamburger M. D.

Address 1207 Eutaw Place Date signed

F 75670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 75670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3701 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife David J. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1885

8. AGE: Years	Months	Days	If less than one day
55		27	hr. min.

9. Birthplace Salem, Mass. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Schrieber,
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Mr. D. J. White,
(b) Address 3701 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.23.40. (month) (day) (year)
(c) Cemetery or crematory ~~Baltimore~~ Hebrew
Location Balto. Md.

18 (a) Funeral director David Bornheimer & Son
(b) Address 1902 Eutaw Place.

(a) DEC 23 1940 (b) Huntington Willemse, M.D. Registrar
(Date filed by registrar)

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd. 1940, at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Dec. 22, 1940.
and that I last saw h alive on Dec. 22, 1940.

Immediate cause of death Angina Pectoris — Duration ?

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature 2324 Eutaw Place Sidney J. Levy M.D.
Address 2324 Eutaw Place Date signed 12-24-40

F 75671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

E 75671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Brookfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAVINIA STOESSELS. (Lavinia Stoessels.)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Isadore Stoessels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 17, 1858.

8. AGE: Years	Months	Days	If less than one day
82	9	5	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ---------- Hofheimer,
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown,
15. Birthplace Unknown.

16 (a) Informant Mrs. S. Kann,
(b) Address 1321 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.24.40. (month) (day) (year)
(c) Cemetery or crematory OHEB SHALOM CEM.
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) DEC 23 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22nd. 1940, at 8 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Dec. 22 1940 and that I last saw h alive on Dec 22 1940.

Immediate cause of death anemia due to Cardio-vascular-renal disease / — Duration 1 year

Due to

Due to Arteriosclerosis — 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Garden Apts. Date signed

VS 3

F 75672
390361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 W F 75672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S Car (b) County
(c) City or town Furman (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl S. Smith

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jessie W. Smith
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 3-7-86

8. AGE: Years	Months	Days	If less than one day
54	9	15	hr. min.

9. Birthplace S. Car (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bennett Stith
13. Birthplace S. Car

MOTHER
14. Maiden Name Nonie, Breedlove
15. Birthplace S. Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23/40 (month) (day) (year)
(c) Cemetery or crematory Furman S.C.
Location Furman S.C.

18 (a) Funeral director John Antonelli Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 1 50m M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1940, to Dec 22 1940, and that I last saw her alive on Dec 22 1940

Immediate cause of death: Brain Tumor - R. frontal glioma - malignant — Duration: 2 yrs ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Rt. frontal glioma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Hennock M. D.
Address J. H. - H. Date signed 12-22

HEALTH DEPARTMENT—CITY OF BALTIMORE

75673 75673

CERTIFICATE OF DEATH

1. PLACE OF DEATH Earl Court apt. 11-1 ✓ 47-aF

CITY OF BALTIMORE: (No. Paulan + St. Paul St. 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Lagin Pinkney Craig.

If U. S. Veteran specify WAR .....

(a) Residence: No. Earl Court apt St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia A. Rasin

6. DATE OF BIRTH (month, day, year) Dec. 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME John A. Craig

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Sallie Penn Md.

17. INFORMANT Wm. P. Craig, Jr.

(Address) Earl Court Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 12/24/40 19

19. UNDERTAKER John O. Mitchell & Sons Inc.

(Address) 1400 Eutaw Place, Balto.

DEC 23 1940 ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/40. 19

22. I HEREBY CERTIFY, That I attended deceased from April 9 1940 to Dec 22 1940

I last saw him alive on Dec 22 1940 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the larynx. — Duration of onset

Other contributory causes of importance:

Terminal bronchopneumonia.

Was an operation performed? No Date of Nov 4. 1940

For what disease or injury? Larynx

Name of operation Biopsy only.

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ellen Lagin Heid M. D.

(Address) 1418 Eutaw Place Baltimore. Md.

Attending Physician

VS 9

F 75674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 75674 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 m 28 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cambridge Arms Apts, City (If rural give location)
Chas. & 34th
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARIE C. KNEFLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 1876

8. AGE: Years	Months	Days	If less than one day
64	1	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name George W. Spence
13. Birthplace Maryland.

MOTHER
14. Maiden Name Marie Kelly
15. Birthplace Maryland.

16 (a) Informant Hospital records
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location North & Greenmount Ave.

18 (a) Funeral director John C. Mitchell & Sons Inc
(b) Address 1 Pen Lucken Place, Balto.

19 (a) (b)

DEC 23 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 25 1940, to December 22 1940, and that I last saw h[illegible] alive on Dec 22 1940

Immediate cause of death	Duration
Respiratory failure	
Due to Generalized metastases	
Due to Scirrhous carcinoma of left breast.	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Scirrhous carcinoma of L. breast. 1938
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams, M. D.
Address Union Memorial Hosp Date signed 12/23/40

F 75675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H F 25675 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 North High Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 North High Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARVEY YINGLING

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-2129

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 61			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Yingling
13. Birthplace Maryland

MOTHER
14. Maiden Name Amande Corbin
15. Birthplace Maryland

16 (a) Informant Wm. D. H. Yingling
(b) Address 1202 West 40th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Schaumeyer Bodies
(b) Address 360-7 Chestnut Ave.

DEC 23 1940 (c) (Local Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 12:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12/20/40
(c) Where did injury occur? 209 N. High St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas jet on wall - open

23. Signature H. W. Wanderstok M.D.
Medical Examiner.
Date signed 12/23/40

75676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-BF 75676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 N Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Tyler Davis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Russell Davis
6 (c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.) June 6-1906

8. AGE: Years	Months	Days	If less than one day
34	6	14	hr. min.

9. Birthplace Providence R.I. (Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business

FATHER
12. Name James Tyler
13. Birthplace New York

MOTHER
14. Maiden Name Matilda Woodby
15. Birthplace Washington D.C.

16 (a) Informant Russell Davis
(b) Address 415 N Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Ellis & Daughter
(b) Address 1129 N. Caroline St.

DEC 23 1940 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 1.15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1940, to Dec 20 1940 and that I last saw h alive on Dec 19 1940.

Immediate cause of death: Acute Endocarditis Streptococcus — Type —
Due to Rheumatic fever — Duration Aug 1 1940
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jorge S. Allen M. D.
Address 501 Aquath St Date signed 12-20-40

F 75677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 75677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 S. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 S. Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB SEIBEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1882

8. AGE: Years	Months	Days	If less than one day
58	11		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk.

11. Industry or business Friendly Inn Assn

PARENTS
12. Name William Seibel
13. Birthplace Md.
14. Maiden Name Laura V. Dorsey
15. Birthplace Harpers Ferry W Va.

16 (a) Informant George E. Dorsey
(b) Address 506 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn A A Co. Md.

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.

19 (Date rec'd by registrar) DEC 23 1940 (Huntington Williams, Mgr.)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1940, at 11:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil
Of autopsy nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolfenstein M.D.
Medical Examiner.
Date signed 12-21-40

F 25678

389635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No. F 75678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 S. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME John Chachulski (Hahulski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 143-05-3267

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Tillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: About 55 yrs | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Louis Chachulski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Woycheski
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location

18 (a) Funeral director W. S. Fiallrowski
(b) Address 2007 Eastern ave

19 DEC 23 1940 (Date rec'd by registrar) (b) Huntington Williamson, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940, to Dec 22 1940, and that I last saw him alive on Dec 22 1940.

Immediate cause of death	Duration
Carcinoma of the Stomach	Indeterminate
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell H. Miller M. D.
Address J H H Date signed 12-22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

75679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950

Registered No. E 75679

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Poplar Grove 26 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith M. Holmes

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Walter Turner Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1874

8. AGE: Years	Months	Days	If less than one day
66	9	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William B. Whitesides
13. Birthplace Philadelphia, Penna

MOTHER
14. Maiden Name Fannie Magruder Norwood
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Myrtle de Villiers
(b) Address 5509 Ready Ave - Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tiokner & Sons
(b) Address North & Pa. Avenues

19 (a) DEC 22 1940 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1940 at 9 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1940, to 12/22 1940, and that I last saw her alive on 12/22 1940.

Immediate cause of death Carcinoma Breast
c. Metastasis to Lungs — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frederick Johnston Jr. M. D.
Address Md. General Hosp. Date signed 12/22/40

F 75680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 75680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

2-3

3 (a) FULL NAME EMMA TAVENNER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife George Tavenner
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 26. 1887

8. AGE: Years 53 | Months 10 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business - -

FATHER
12. Name ? Klimm
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rose Lena Burnhardt
15. Birthplace Baltimore

16 (a) Informant Mrs. Wm. Fischer (Daughter)
(b) Address 503 S. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 DEC 23 1940 (Date rec'd by Local Registrar) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1940, at 5.05 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1940. to Dec. 21 1940. and that I last saw her alive on Dec. 21 1940.

Immediate cause of death	Duration
Chronic pancreatitis	
Due to Hypertensive Cardio-Vascular Renal Disease	
Due to	
Other Conditions Asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Pancreatitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Sheppard
Address University Hospital Date signed M. D. 12/21/40

F 75681

3903571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 F

F 75681

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town DUNDALK (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 Midship Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie May Lynas

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas R.

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 11-27-79

8. AGE: Years 61 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: H-Wife

11. Industry or business

FATHER
12. Name: Sam Hortney
13. Birthplace: Md

MOTHER
14. Maiden Name: Margaret Wells
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Md

18 (a) Funeral director: Henry Saunder & Son, Inc. Sig T. Saunder
(b) Address North Ave & Broadway.

19 (a) (Date rec'd by registrar) DEC 23 1940 (b) Registrar's No.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 1020 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1940, to Dec 20 1940, and that I last saw h e alive on Dec 20 1940.

Immediate cause of death: Cardiac failure — Duration

Due to: anemia

Due to: ? Hanot's Biliary ? Carcinoma of Ampulla Cirrhosis ? Liver

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Bellenger M. D.
Address J. H. Hosp. Date signed 12 21 40

F 75682 40769-fd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

F 75682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.13das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 E. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Genevieve Oehme

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herbert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-1886

8. AGE: Years	Months	Days	If less than one day
54	8	5	hr. min.

9. Birthplace Md.
H.W. (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Charles Benton Padgett
13. Birthplace Md. Unk.

MOTHER
14. Maiden Name Rebecca Monroe
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto.

18 (a) Funeral director Henry Sauer & Sons Inc. Benj. J. Sauer
(b) Address NORTH AVE. & BROADWAY

19 (a) (Permit issued by registrar) (b) Registrar

DEC 23 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1940, at 10^20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1940 to 12/21 1940 and that I last saw h[illegible] alive on 12/21 1940.

Immediate cause of death — Duration
Carcinoma & generalized metastases probably arising from cervix — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehle M.D. Jr.
Address Baltimore City Hosp. Date signed 12/21/40 M.D.

75683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75683

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland.

(b) Street address Sinai Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 5035 Denmore Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Herman Greenblatt

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shoemaker - Retired

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Russia

MOTHER

14. Maiden Name not Known

15. Birthplace Russia

16 (a) Informant Hosp. Record.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philadelphia Rd. & Hamilton Ave.

18 (a) Funeral director Jack Levin

(b) Address 4429 E. Monument St

19 (a) (Date rec'd by registrar) (b) Herrington Williams M.D. Baltimore

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1940, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1940 to 12/23 1940 and that I last saw him alive on 12/22 1940

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to arteriosclerosis?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Herrington M.D.

Address Sinai Hosp. Date signed 12-23 1940

F 75681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75684 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct and as fully as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Ave.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2018 18 Spring Place (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Louis Greenthal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merchant - retired

11. Industry or business

FATHER 12. Name Lazer Greenthal

13. Birthplace Russia

MOTHER 14. Maiden Name Little

15. Birthplace Russia

16 (a) Informant Hosp. Record.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Rd-

Location Baltimore Md

18 (a) Funeral director Jack Levin Inc-

(b) Address 1439 E Baltimore St

19 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1940 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1940 to 12-22 1940.

and that I last saw him alive on 12-22 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 days

Due to: arteriosclerotic C-V Dis — 15 years

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M Hirsh M.D.

Address Sinai Hosp Date signed 12-22-40

F 75685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75685 Registered No. 93 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 North Smallwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50(?) years

3 (a) FULL NAME Miss Pearl Sindler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Harris Sindler
13. Birthplace Lithuania

MOTHER
14. Maiden Name Sarah
15. Birthplace Lithuania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)

(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (Date rec'd by registrar) (b) Lauriston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1940, at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1940 to Dec 23 1940 and that I last saw her alive on Dec. 21 1940.

Immediate cause of death: Cardiac Failure

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 12/28

75686 ✓ F 75686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2421 Lakeview Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. Aetna Apts 2421 Lakeview Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Gertrude Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Solomon Cooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Abrahem —

13. Birthplace Russia

MOTHER

14. Maiden Name Rachael —

15. Birthplace Russia

16 (a) Informant Charles Nunberg

(b) Address 2421 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40 (month) (day) (year)

(c) Cemetery or crematory Southern Ave

Location Southern Ave

18 (a) Funeral director Jack Levin Jr

(b) Address 20 Eutaw Place

19 (a) (Date rec'd by registrar) (b) by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-40 19 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1939 to 12/22 1940, and that I last saw h[illegible] alive on 12/22 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Hypertension	1939
Due to General Arteriosclerosis	1937
Due to over	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature I. Levintow M.D.

Address 2320 Eutaw Pl Date signed 12/22/40

VS 3

F 75687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e ✓

F 75687 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Warwick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benita Gudis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years	Months	Days	If less than one day
14			hr. min.

9. Birthplace Tongentina (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Solomon Gudis
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Gudis
15. Birthplace Russia

16 (a) Informant Solomon Gudis
(b) Address 1634 Warwick Ave

17. (a) Burial, cremation, or removal (b) Date thereof 12-23-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Rosedale

18 (a) Funeral director A. K. Tann Co.
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940, at 7:37 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Fracture skull	
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/22/40
(c) Where did injury occur? North Ave & Kenwood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by streetcar

23. Signature W. K. Wandelgraff M.D.
Medical Examiner

Date signed 12/23/40

F 75688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a Registered No. F 75688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct date of death is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 15 [illegible] Amity St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES NOLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-0982.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	married.

6 (b) Name of husband or wife Agnes Nole.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/1917

8. AGE: Years	Months	Days	If less than one day
23	-	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Porter.

11. Industry or business

FATHER

12. Name Charles Nole.

13. Birthplace Balto Md

MOTHER

14. Maiden Name Elizabeth Johnson

15. Birthplace Balto Md

16 (a) Informant Elizabeth Johnson

(b) Address 1044 W Lexington St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/23/1940 (month, day, year)

(c) Cemetery or crematory Eastern Star Cemet. Location Balto Md.

18 (a) Funeral director Mrs Peter R Williams

(b) Address 322 N Schroeder St.

19 (a) Date rec'd by registrar (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18/1940, at 9:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/1940, to 12/18/1940, and that I last saw him alive on 12/18/1940.

Immediate cause of death

Fibro. Purulent Peritonitis — Duration 18 days

Due to Perforated Peptic Ulcer

Due to

Other Conditions Subdiaphragmatic & Subdiaphragmatic abscess. Toxic Dilatation of Colon

(Include pregnancy within 3 months of death)

Major findings:

Of operations Perforated Peptic ulcer.

Of autopsy Peritonitis, multiple abscesses.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Benjamin H. Lukas Jr. M.D.

Address University Hospital Date signed 12/19/40

75689

HEALTH DEPARTMENT—CITY OF BALTIMORE

75689

CERTIFICATE OF DEATH

95-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Pierce St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Gaskins Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 1708 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Stewart

6. DATE OF BIRTH (month, day, year) 11-23-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Essex County Va

FATHER

13. NAME John Lloyd

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va

MOTHER

15. MAIDEN NAME Millie Grimes

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Wm Stewart

(Address) 1709 Pierce

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 23, 1940

19. UNDERTAKER Mr Katie R Williams

(Address) 322 N Schroeder St. Huntington Williams, Inc.

FILED ..... Registrar.

DEC 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1940, to Dec. 19, 1940

I last saw her alive on Dec 16, 1940 Death is said to have occurred on the date stated above, at 5-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Other contributory causes of importance: —	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Douglas Sheppard M. D.

(Address) 1631 W. Franklin St.

N.B. THIS FORM, when filled out, should be carefully supplied. AGE should be stated EXACTLY. Every information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75690 ✓ F 75690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, correctly. Physicians: please write the causes of death clearly and legibly. is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Smith

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Wanetta Dickerson Gray ✓

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Sing

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 14 - 40

8. AGE: Years	Months	Days	If less than one day
	5	4	..... hr. ..... min.

9. Birthplace Balto - Md. (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name William Gray
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bernice Dickerson
15. Birthplace Balto - Md.

16 (a) Informant Mrs Bernice Gray
(b) Address 820 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Md. Ave. - Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) ..... (b) ..... Registrar
Date rec'd by registrar Lillington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1940, to 12-21 1940, and that I last saw her alive on 12-21 1940.

Immediate cause of death ..... **Duration**
Lobar pneumonia, right .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. H. Townshend Jr. M. D.
Address University Hospital Date signed 12-21-40

F 75691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Wayne Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Wayne Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELLA H. SCOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas J. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1866

8. AGE: Years	Months	Days	If less than one day
74	9	1	hr. min.

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hayes
13. Birthplace Connecticut

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Clifford C. Merkle
(b) Address 3000 Wayne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/40 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Long Dorsey Md

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) DEC 22 1940 (Date rec'd by registrar) (b) Huntington Wilkinson M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1940, at 11:A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 20 1940 and that I last saw him alive on Dec 20 1940

Immediate cause of death

Due to Cerebral Arterio Sclerosis & Hemorrhage

Due to Cerebral Hemorrhage

Due to Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 years
19 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Bernard M. D.
Address 4209 Liberty Hgts. (Date signed) Dec 22 1940

F 75692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 25692

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Squirrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1896

8. AGE: Years	Months	Days	If less than one day
44	10	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Barnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Katie Bond
15. Birthplace Maryland

16 (a) Informant Helen Parker
(b) Address 2554 Druid Hill Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1383 Presstman

19 (a) Filed DEC 23 1940 (Registrar) (b) Embalmer

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940 at 3:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Gilbert M.D. Medical Examiner
Date signed 12/22/40

F 75693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 75693 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4602 Pall Mall Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4602 Pall Mall Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Sarah Caplan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Howard.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank
13. Birthplace Russia

MOTHER
14. Maiden Name Dorothy
15. Birthplace Russia

16 (a) Informant Joseph Caplan
(b) Address 1506 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-40 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Hempstead, L. I., N.Y.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1431 E. Balto St

19 (a) Date received DEC 23 1940 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/1940, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Dec 23 1940 and that I last saw her alive on Dec. 22 1940.

Immediate cause of death	Duration
ARTERIOSCLEROTIC HYPERTENSIVE CARDIO VASC. DISEASE	5-10 YRS
Due to DIABETES MELLITUS	10 YRS
Due to AURICULAR FIBRILLATION	6 MOS.
Due to PULM. EMBOLISM	8 DYS
CEREBRAL EMBOLISM	1 DAY
Other Conditions BRONCHO-PNEUMONIA	1 DAY

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Weinstock M. D.
Address 4603 PARK HTS AVE Date signed 12/23/40

F 75694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75694 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3521 Lebanon Ave.
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 Lebanon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Elmer J. Lesster.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-2847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Maude L. Lesster.
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 2/10/1886

8. AGE: Years	Months	Days	If less than one day
54	10	10	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stationary Fireman
11. Industry or business Sparrows Point.

FATHER
12. Name Abraham
13. Birthplace Md

MOTHER
14. Maiden Name Annie Spinks
15. Birthplace Md

16 (a) Informant Maude L. Lesster.
(b) Address 3521 Lebanon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1940 (month) (day) (year)
(c) Cemetery or crematory Westminster Mem. Park
Location Westminster

18 (a) Funeral director Schumacher & Damm
(b) Address 861-43 Clayton Ave.

DEC 23 1940 (Date filed by Registrar) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940, at 7.58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940, to Dec 20 1940, and that I last saw h— alive on Dec 20 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hemiplegia	one
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Daly M. D.
Address 5 W Mulberry St Balto (Only signed)

F 75695

61891 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 75695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not applicable, write "None." Do not use ditto marks. Be sure to give correct age in years, months, days, hours, or minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 Newington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Readmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1886

8. AGE: Years	Months	Days	If less than one day
54	1	27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation supported by son

11. Industry or business

MOTHER / FATHER

12. Name John Harris

13. Birthplace Maryland

14. Maiden Name Emma Pettitt

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 st Paul St

DEC 23 1940 (Date rec'd by registrar)

(b) Huntington Williamsburg Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1940, at 9:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1940 to 12/21 1940, and that I last saw h[illegible] alive on 12/21 1940.

Immediate cause of death: Carcinoma of the breast metastasis.

Duration: 3 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Elliott Jr. M. D.

Address Baltimore City Hosp. Date signed 12/23/40

75696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75696

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: correct age is especially important. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 727 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Cecelia Crisp

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1940

8. AGE: Years	Months	Days	If less than one day
	5	27	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Crisp
13. Birthplace Balto Md

MOTHER
14. Maiden Name Sophia Bellesky
15. Birthplace Balto Md.

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 23 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) DEC 23 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at 7 A.M. or P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1940 to Dec 23 1940 and that I last saw her alive on Dec 22 1940

Immediate cause of death: Bronchio-Pneumonia — Duration 10 days
Due to Whooping Cough — 3 wks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul J. Deegle
Address 700 Chatham Date signed 12/23/40

VS 3

F 75697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 75697
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 665 Pierce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 665 Pierce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BEULAH BELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1940

8. AGE: Years	Months	Days	If less than one day
	9 10	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Melvin Bell
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Maryland

16 (a) Informant Elizabeth Davis
(b) Address 665 Pierce St.

17 (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn, Maryland

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) DEC 23 1940 (b) Huntingtown, Md.
(Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1940, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Asst Medical Examiner.
Date signed 12-21-40

75698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-V F 75698

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Answer each question in full. Use "None" where necessary. If unknown, or if the question is not applicable, write "Unknown" or "N. A." Do not abbreviate. Write in ink. Physicians: please write the causes of death clearly and legibly. Please state the disease causing death, or in deaths from violence, the nature of injury resulting in death. Do not state the mode of dying, as shock or hemorrhage or heart failure, but the cause producing the shock, hemorrhage or heart failure. Please report secondary or contributory causes as well as the primary cause. Please give the full name of the hospital, if any, in which death occurred. Please give the street address or location of residence. Please answer all questions. Please sign certificate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2052 Kennedy Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2052 Kennedy Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Marie C. Rosenberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
about 59			____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business St. Ignatius Church

FATHER
12. Name Joseph Henry Rosenberger
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Cora M. Rose
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. A. Leoretta Hasson
(b) Address 2052 Kennedy Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Road, Baltimore

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 DEC 23 1940 (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1940, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1940 to Dec. 22, 1940, and that I last saw her alive on Dec 21, 1940.

Immediate cause of death Cardio-renal disease — Duration ----------

Due to ----------

Due to ----------

Other Conditions ----------

(Include pregnancy within 3 months of death)

Major findings:
Of operations ----------

Of autopsy ----------

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----------
(b) Date of occurrence ----------
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ----------

23. Signature Thos. B. Sylvester M. D.
Address 2602 Harford Ave. Date signed 12-23-40

VS 2

75693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a

E 75693 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal from city. Physician's certificate must be completed and signed before certificate is filed. Undertaker must complete his part and file certificate with Registrar before body is removed from undertaking establishment. Information must be complete and correct as far as known. Every question must be answered, or explanation given why it cannot be answered. Accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4132 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4132 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lydia Ann Henry
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-03-3301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11-1879

8. AGE: Years	Months	Days	If less than one day
61	3	11	hr. min.

9. Birthplace Hoffmanville, Maryland (Town, county and state)
10. Usual Occupation Textile weaver
11. Industry or business Cotton mill

FATHER
12. Name Abraham Henry
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Phoebe Hampshire
15. Birthplace Baltimore County, Md.

16 (a) Informant Martha V. Normentt
(b) Address 4132 Falls Rd, Balto, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Gwynn Oak

18 (a) Funeral director A. S. Marshall
(b) Address 2539 Falls Road

19 (a) Huntington Williams, M.D. Registrar
DEC 23 1940
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1940, at 4:3 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1940, to Dec 22 1940, and that I last saw h[illegible] alive on Dec 22 1940.

Immediate cause of death Hypernephroma of right kidney

Due to

Due to

Other Conditions General metastasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations was not operated
Of autopsy no autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Benjamin Kadin M. D.
Address 2306 Eutaw Place Date signed 12-23-'40

75700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 75700 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 St Paul St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 12
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 St. Paul St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Sarah Horsey Custis

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 19 1863
8. AGE: Years 77 | Months 6 | Days 3 | If less than one day: hr. — min.
9. Birthplace Accomac Co. - Va (Town, county, and state)
10. Usual Occupation Retired Public School
11. Industry or business Teacher City of Balto.

FATHER
12. Name William P. Custis
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza S. Horsey
15. Birthplace Maryland

16 (a) Informant Mrs. E. G. Munoz (Sister)
(b) Address 2730 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WARDEN SUC.) 108 W. NORTH AVENUE

19 (a) Filed DEC 23 1940 (Date received by Registrar) (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1937 to Dec 22 1940 and that I last saw her alive on Dec 22 1940

Immediate cause of death Chronic nephritis — Duration Probably 10 years

Due to

Due to

Other Conditions advanced arthritis Bronchitis chronic.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E A Peterson M.D.
Address 2931 N. Charles Baltimore Md Date signed 12/23/40

F 75701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered; any unknown fact as to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 Woodlawn Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 Woodlawn Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Waters Baer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Charles W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1852

8. AGE: Years	Months	Days	If less than one day
88	8	14	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Benjamin W. Waters

13. Birthplace Va

MOTHER 14. Maiden Name Antonia Louisa Woerath

15. Birthplace Phila, Penna

16 (a) Informant Mrs Baer sister

(b) Address 419 Woodlawn Rd

17 (a) Em Mount (Burial, cremation, or removal) (b) Date thereof Dec-24-40 (month) (day) (year)

(c) Cemetery or crematory (Burial) Em Mount Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. MOWEN SUC.) 103 W. NORTH AVENUE

19 (a) DEC 23 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 at 3:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Vanderhoof M.D.
Medical Examiner.
Date signed 12-23-40

VS 6

3400 E Balto

5702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

F 75702

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 104 N. Highland ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 104 N. Highland ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME. Mary Vandeleur

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1867

8. AGE: Years	Months	Days	If less than one day
73	7	3	hr. min.

9. Birthplace County Clare Ireland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name Thomas Danny

13. Birthplace Ireland

MOTHER — 14. Maiden Name ?

15. Birthplace Ireland

16 (a) Informant Mary Anarya

(b) Address 104 N Highland ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 24 46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Frederick Rd

(a) Funeral director MARTIN K.E. DIPPEL

Address LOMBARD & ANN STS

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940 at 10 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to 12/20 1940, and that I last saw h[illegible] alive on 12/20 1940.

Immediate cause of death: thyroid cancer

Due to: long secondial degeneration & decomposition

Due to:

Other Conditions Senility, autopsy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Goodman

Address 3400 E Baltimore Date signed 12/21/40 M. D.

VS 3

75703 ✓ F 75703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered correctly and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 William st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 William st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John D Boyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 1876

8. AGE: Years	Months	Days	If less than one day
64	7	27	hr. min.

9. Birthplace Queen Anne Co Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name William Boyles
13. Birthplace Del

MOTHER
14. Maiden Name Mary A McNatt
15. Birthplace Del

16 (a) Informant Mr C W Roe
(b) Address Queen Anne Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24-40 (month) (day) (year)
(c) Cemetery or crematory Chesterfield
Location Centreville Md

18 (a) Funeral director William McMarech
(b) Address 715 Ivy St

19 (a) Date rec'd by registrar (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1940 to 12/22 1940, and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion (Thrombosis)

Due to arteriosclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
one year
one year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Logan Mullen M. D.
Address 225 St Charles St Date signed 12/23/40

F 75704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

Registered No. F 75704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital 24-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 813 E. Fort ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John L. Scheeler

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 215-01-0303

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Emma A. Scheeler

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr. 17th 1880

8. AGE: Years	Months	Days	If less than one day
60	8	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Tank Man

11. Industry or business Buck Glass Co.

FATHER — 12. Name John L. Scheeler

13. Birthplace Md.

MOTHER — 14. Maiden Name Elizabeth Drill.

15. Birthplace Md.

16 (a) Informant Emma A. Scheeler

(b) Address 813 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24th 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem.

Location Baltimore

18 (a) Funeral director Charles F. Dill

(b) Address 1501 E. Fort Ave

19 (a) Huntington Williams, M.D. Registrar

(b) (Local Registrar)

DEC 23 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 21 - 1940, at 10:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 - 1940, to 12-21-1940, and that I last saw h[illegible] alive on 12-21-1940.

Immediate cause of death	Duration
Acoustic neuroma, left, benign.	9 Months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations (acoustic neuroma, left, benign

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jos Hammond

Address Univ. Date signed 12/21/40 (M.D.)

75705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a F 75705 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 771 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 771 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEOGE R. KORB

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Divorced

6 (b) Name of husband or wife Florence Korb
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1875

8. AGE: Years	Months	Days	If less than one day
65	11	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Jeweller - Retired
11. Industry or business Old age pension

FATHER
12. Name George H. Korb
13. Birthplace Maryland

MOTHER
14. Maiden Name Augusta Weigand
15. Birthplace Maryland

16 (a) Informant Elmer Korb
(b) Address 1528 Olive St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Chas F. Dill
(b) Address 1501 Fort Ave

19 (b) Huntington Williams, M.D. Registrar

DEC 23 1940 (Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 22, 1940
(c) Where did injury occur? 771 W Lexington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Coffee boiled over and put out burner on gas stove

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 12-22-40

75706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W ✓ Registered No. F 75706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 16 5
(e) Length of stay in Baltimore (yrs., mos., or days) 5-7-40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Arunah Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Robert Woodward

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-2926

4 Sex: White | 5 Color or race: White | 6 (a) ~~Single, married, widowed, or divorced~~: Widower

6 (b) Name of husband or wife: Elaine

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 9/2/1875

8. AGE: Years 65 | Months 3 | Days 21 | If less than one day: hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business N. M. Biden Co

FATHER
12. Name Not Known
13. Birthplace Penna.

MOTHER
14. Maiden Name Not Known
15. Birthplace Pa.

16 (a) Informant Mrs. Wilbur Getty
(b) Address 32 N. Bentalou St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/26 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Windsor Mill Rd.

18 (a) Funeral director Geo. H. Leimbach
(b) Address 1425 N. Fayette St.

19 Date received DEC 23 1940 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1940, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12/40 1940 to 12/23 1940, and that I last saw him alive on 12/23 1940.

Immediate cause of death	Duration
Coronary Thrombosis	8 weeks
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions Ventricular Fibrillation.	10 mins

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward X. J. Krieg, M.D.
Address Bon Secours Hosp. Date signed 12/23/40 M. D.

VS 3

FD 53883

F 75707

F 75707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-2

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Begin with name. Do not abbreviate. Give full name of city or town. Do not use ditto marks. Be sure to answer all questions. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mo.days.
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. NO Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kennard

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-8669

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-1872

8. AGE: Years	Months	Days	If less than one day
68	2	11 12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Charles Kennard
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 40 (month) (day) (year)
(c) Cemetery or crem. Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penn Ave

19 (a) DEC 24 1940 (b) Huntingtown Williamsville, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 23 - 1940, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16- 1940 to 12-23-1940 and that I last saw h alive on 12-23-1940.

Immediate cause of death Cardiac failure

Due to G-S. HY. Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac and R. Failure

Duration
7
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12-23-40

F 75708 F 75708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full name and address or location. Give both residence and street number where deceased lived. Please report every item. Data will be used for statistical purposes. Information as to personal or family history required by law. Do not conceal any facts concerning any case. Physicians: please write the causes of death clearly and legibly. Please state the disease causing death, or in deaths from violence, state the means of injury; and the extent to which contributed to death. Do not use general terms such as heart disease, cancer, paralysis, convulsions, etc., or symptoms of mode of dying, such as cardiac failure, asphyxia, anemia, or uremia. Write plainly and use ink. Do not use pencil. Do not make any erasures. Be particular to fill all items. Be sure to answer each question. If there is none, write none, or 0 (cipher). Do not leave any blanks. Please write in the items in the order in which they are called for. Be careful to report the exact street address of residence and the full name of hospital or institution. The certificate must be made out and signed before burial. Please see that your certificate is correct and complete. Do not delay burial. Please report promptly to the Registrar. Please call for a permit when certificate is correct and complete. Please report at once to the Registrar any case of death occurring without medical attendance. Please report at once to the Registrar any case of death occurring without medical attendance. Please report at once to the Registrar any case of death occurring without medical attendance

F 75709 F 75709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly. Where information is unknown or not applicable, write "unknown" or "N.A." Please answer all questions. Underline the correct answer where two are given. Physicians: please write the causes of death clearly and legibly. Ages, dates of birth, and number of children must be stated. Occupations should be such as to indicate the trade, profession, or particular kind of work done, as "spinner," "weaver," etc., and not "laborer," "clerk," or "housekeeper." Cause of death must be certified to as to indicate the disease directly causing death, or, if death was due to external violence, the nature of such violence and whether accidental, suicidal, or homicidal.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Westwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Westwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clement Adrian Dunbar

3 (b) If veteran, name war	3 (c) Social Security Account No.
D	220-07-3142

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Emily Dunbar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17th 1871

8. AGE: Years	Months	Days	If less than one day
69	9	5	hr. min.

9. Birthplace London England (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Stewarts Dept Store

FATHER
12. Name Thomas Clement Dunbar
13. Birthplace England

MOTHER
14. Maiden Name Caroline Matthews
15. Birthplace England

16 (a) Informant Emily Dunbar
(b) Address 3012 Westwood ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Oak
(b) Address 1217 St. Paul St

19 (a) 12-24-1940 Registered by William M.D. Registrar
(Date received by local registrar)

OK

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27th 1940, to Dec 22nd 1940, and that I last saw h~~er~~ alive on Dec 22nd 1940.

Immediate cause of death	Duration
Pulmonary Edema	3 days
Due to Cardio Vascular Changes	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lankler M. D.
Address 119 N. Smallwood Date signed 12/23/40

F 75710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61070 MI

131-a

F 75710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 W Cold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter E Hill

3 (b) If veteran, name war: 42

3 (c) Social Security Account No. 4188

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maude E Hill

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 12, 1875

8. AGE: Years 65 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace: Pa. (Town, county, and state)

10. Usual Occupation: Heating Contractor

11. Industry or business:

FATHER
12. Name: Daniel A. Hill
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Mary Kilpatrick
15. Birthplace: Pa.

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory: Balto.
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 E. Paul St

19 (a) (b) Witness

DEC 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1940, at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1940, to 12-22 1940, and that I last saw him alive on 12-22 1940.

Immediate cause of death: Uremia
Due to: Gangrene of Extremity
Due to:
Other Conditions: (Include pregnancy within 3 months of death)

Duration: over

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto. City Hosp. Date signed 12-23-40

PLEASE WRITE PLAINLY, with unfading ink. Every item must be answered. Use "None" or "Unknown" where necessary. Be sure that the information you give is correct and complete. Do not abbreviate. Write out the full name of the city, town, or county. Give the street address or location in city or town. The cause of death must be certified to the best knowledge and belief of the physician, coroner, or medical examiner. Indefinite or unsatisfactory causes of death, such as "heart failure," "old age," "senility," "exhaustion," "convulsions," "cancer," "tuberculosis," or "paralysis" should be amplified by reporting the primary cause of death which gave rise to the condition stated. Deaths from violence must be reported promptly to the coroner. Physicians: please write the causes of death clearly and legibly.

F 75711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D

F 75711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2746 Kinsey Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2746 Kinsey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Edith Florence Hommerbocker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frederick Hommerbocker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1864

8. AGE: Years 76 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Carlisle
13. Birthplace England

MOTHER 14. Maiden Name Elizabeth Meredith
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Grace Longhurst
(b) Address 2746 Kinsey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1940 (month) (day) (year)
(c) Cemetery ~~crematory~~ Western
Location Edmondson Ave & Long Road

18 (a) Funeral director Harry H Withe
(b) Address 4101 Edmondson Ave

19 (a) DEC 24 1940 (Local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19 to Dec. 21 1940 and that I last saw her alive on Dec. 21 1940.

Immediate cause of death: Hemorrhage of throat — Duration 1 min.

Due to Arteriosclerosis — Duration ?

Due to Hypertension — Duration ?

Other Conditions Arteriosclerosis Hypertension Ht. Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address Dec. 23, 1940 (Date signed)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

75712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 75712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1229 S. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Seifert

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna M. Seifert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26-1882

8. AGE: Years	Months	Days	If less than one day
58	10	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business

FATHER
12. Name Sidam Seifert
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Fot
15. Birthplace Balto. Md.

16 (a) Informant Anna M. Seifert
(b) Address 1229 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd.

18 (a) Funeral director John J. Miller
(b) Address 6334 Jefferson St.

19 (a) DEC 24 1940 (Registrar's signature) (b) Registrar for Williamsport, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1940 to Dec 21 1940 and that I last saw him alive on Dec 20 1940.

	Duration
Immediate cause of death: CHRONIC NEPHRITIS	1940
Due to: ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE	1940
Due to: ARTERIOSCLEROSIS	1940
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Mclean M. D.
Address 6211 Liberty Heights Ave. Date signed 12-23-40

PLEASE WRITE PLAINLY, with ink. Spell out full words. Be sure and answer all questions. Do not use abbreviations or ditto marks. Be sure that the information you give is correct and complete as far as you know or believe it to be. Be particularly careful to report the correct age in every case. Physicians: please write the causes of death clearly and legibly.

75713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 75713 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1225 Bradford St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August Schildwachter

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-67-3285

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29. 1885

8. AGE: Years	Months	Days	If less than one day
55	3	2624	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation General work.

11. Industry or business

FATHER

12. Name Henry Schildwachter

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Jokel

15. Birthplace Germany

16 (a) Informant Anna E. Steele

(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 40 (month) (day), (year)

(c) Cemetery or crematory Baltimore Cem. Location North Ave. & Gay St.

18 (a) Funeral director John A. McGlen

(b) Address 2334 Jefferson St.

19 Filed (Date rec'd by registrar) Lurgia Williams, Registrar

VS 240

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1940, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940, to 12-23 1940, and that I last saw him alive on 12-22 1940.

Immediate cause of death Coronary Thrombosis.

Due to Arteriosclerosis Cardio-Vascular disease

Due to

Other Conditions Occlusion of the renal artery by embolus.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Myocardial infarction

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. Ford Lokers M. D.

Address Mercy Hospital Date signed 12-27-40

75714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll Keefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Loretta Keefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Jacob Keefer
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Lottie F. Keefer
(b) Address Thurmont Md.

17 (a) Burial (b) Date thereof Dec. 26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Thurmont Md.

18 (a) Funeral director M. L. Creager & Son
(b) Address Thurmont Md.
(Signature of person who embalmed)

19 DEC 24 1940
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1940, at 7 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1940 to 12-23 1940, and that I last saw him alive on 12-23 1940.

Immediate cause of death Perforated Peritonitis

Due to Perforated gastric ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated gastric ulcer. Suture sealed in peritoneum
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Mercy Hospital Date signed 12-28-40

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Do not fold. Do not roll. Be sure to answer every question. Be sure to give the correct age in each case. This information is especially important. Physicians: please write the causes of death clearly and legibly.

F 75715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C Registered No.

F 75715

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials alone. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5628 Winthrop Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 79
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5628 Winthrop Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Albert Schall

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Mary B. Schall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1871

8. AGE: Years	Months	Days	If less than one day
69	2	4	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Retired Laundry Worker

11. Industry or business Laundry

FATHER
12. Name Wm B. Schall
13. Birthplace Md

MOTHER
14. Maiden Name Mary Lebsch
15. Birthplace Ger

16 (a) Informant Mary Schall
(b) Address 5628 Winthrop Rd

17 (a) Burial (b) Date thereof 12-24-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director Leonard Black
(b) Address 530 Hanford Rd

19 DEC 21 1940 (b) Herring for Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1939 to Dec 22 1940 and that I last saw him alive on Dec 22 1940.

Immediate cause of death 1 Paralysis agitans

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Tilley M.D.
Address 5765 Hanford Rd Date signed Dec 24 1940

F 75716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 75716

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3503 Cranland

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County C

(c) City or town Balto Co.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3503 Cranland Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Hungelmann

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife August Hungelmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1856

8. AGE: Years	Months	Days	If less than one day
84	3	6	hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Frank Schmidt

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Teichoff

15. Birthplace Germany

16 (a) Informant Anna H. Schmeyer

(b) Address 3503 Cranland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Leonard Hurd

(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) DEC 24 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1937 to 12-22-1940, and that I last saw her alive on 12-21-1940.

Immediate cause of death

Senility

Arteriosclerosis

Due to Heart + Kidney disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
Two years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. B. Hurd M. D.

Address 2802 Harford Ave Date signed 12-23-40

75717 Bowie

HEALTH DEPARTMENT—CITY OF BALTIMORE 75717

CERTIFICATE OF DEATH V 50

1. PLACE OF DEATH Womens Hospital

CITY OF BALTIMORE: (No. Lafayette and John St., 11-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ruth Calloway Bowie

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Hamilton Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Allen S. Bowie

6. DATE OF BIRTH (month, day, year) April 14, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Laurel (State or country) Delaware

FATHER

13. NAME James L Calloway

14. BIRTHPLACE (city or town) Laurel (State or country) Del

MOTHER

15. MAIDEN NAME Maggie Washington

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Allen S. Bowie
(Address) 811 Hamilton Ter

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 12-26-40 19

19. UNDERTAKER Henry W Jenkins Sons Co
(Address) 847 Carlton Ave Baltimore Md

20. FILED DEC 24 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23, 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1940, to 12/23, 1940.

I last saw her alive on 12/23, 1940. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatic carcinomatosis	

Other contributory causes of importance:
Had carcinoma of breast (both) removed 2 years ago.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Grier M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Note: Under state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

75718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D F 75718 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" where necessary. If unknown, or if the question is not applicable, write "Unknown" or "N. A." Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2141 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fr. Carter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Maria Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	13	hr. min.

9. Birthplace Ga. Co. Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER 12. Name Wm. Carter
13. Birthplace Md.

MOTHER 14. Maiden Name Natural
15. Birthplace Md.

16 (a) Informant Mrs. Maria Carter
(b) Address 2141 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Francis A. Hunsley
(b) Address 578 N. Bridle St.

19 (a) DEC 24 1940 (Date rec'd by registrar) (b) Huntington Hillcoat, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Dec 22 1940, and that I last saw him alive on Dec 22 1940.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 1 yr. 4 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emelman Frey M. D.
Address 1928 Penna Ave. Date signed Dec 23/40

F 75719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 ✓ Registered No. F 75719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brenda May Waddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1940

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Watty
13. Birthplace Louisa Co. Virginia

MOTHER
14. Maiden Name Janet Lee Jones
15. Birthplace Farmville Va.

16 (a) Informant James Watty
(b) Address 1213 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs R. A. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) Date received by Local Registrar DEC 24 1940 (b) Signature of Registrar William M. [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1940, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1940, to 12-22 1940, and that I last saw her alive on 12-22 1940.

Immediate cause of death	Duration
Malnutrition	
Due to Dietary Deficiency	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Marsenden M. D.
Address President Hosp. Date signed 12-23-40

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 75720

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Parkwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Parkwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME MORRIS SCHLISSELBERG

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife KATIE
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace AUSTRIA (Town, county, and state)
10. Usual Occupation MERCHANT
11. Industry or business

FATHER
12. Name NATHAN
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name SARAH
15. Birthplace AUSTRIA

16 (a) Informant KATIE SCHLISSELBERG
(b) Address 2912 PARKWOOD AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore County Pk.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 2100 Eutaw Place

DEC 24 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-40 19 . at 4 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 12/22/ 1940. and that I last saw h alive on 12/22/ 1940.

Immediate cause of death	Duration
Arteriosclerotic CVD c. Hypertension - Coronary Thrombosis	?
Due to	
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Lyssoman M. D.
Address 2340 Eutaw Place Date signed 12/23/40

VS 3

38478821 F 75721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that every question is answered correctly. Write in ink. Do not erase or use pencil. Be sure that your certificate is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Regester Ave (If rural give location)
(e) If foreign born, how long in U. S. A? years

6-5

3 (a) FULL NAME Robert Allen Wheeler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-40

8. AGE: Years	Months	Days	If less than one day
	1 ~~Mos~~	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert B. Wheeler
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Dorothy Weaver
15. Birthplace Baltimore Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. H. Lamoreaux
(b) Address 1005 N. Baltimore St.

DEC 24 1940 (Date rec'd by registrar) (b) Henry Lee Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940, at 1201 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1940, to Dec 23 1940, and that I last saw him alive on Dec 23 1940.

Immediate cause of death: meningitis due to B protus — Duration 4 wks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret M. D. Smith M. D.
Address Johns Hopkins Hosp Date signed 12-23-40

F 75722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 75722 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as completely as possible. Accuracy in stating the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1449 Andre Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 Andre Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Virginia Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23rd 1919

8. AGE: Years	Months	Days	If less than one day
21	4	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Philip Brown
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Sauers
15. Birthplace Europe

16 (a) Informant Charles P. Brown
(b) Address 1449 Andre Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore 7 Md.

18 (a) Funeral director [illegible]
(b) Address 1008 West Baltimore Street

19 (a) DEC 24 1940 (Date received by local registrar) (b) [illegible] Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21st 1940 at 10.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1939 to 12/21 1940 and that I last saw h[illegible] alive on 12/19 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration 2

Due to —

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Seibel
Address 1224 Hanover Street Date signed 12/23/40 M.D.

75723

HEALTH DEPARTMENT—CITY OF BALTIMORE

75723

CERTIFICATE OF DEATH

133-a

12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. CALVERT St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME EDWARD JOHNSON BOND SR.

If U.S. Veteran specify WAR

(a) Residence: No. 1703 N. CALVERT St., Ward. S.S. 220-09-9628

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. Color or Race: WHITE.

5. Single, Married, Widowed, or Divorced (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): LEILA S. BOND

6. DATE OF BIRTH (month, day, year): APRIL 2, 1860

7. AGE: Years 80 | Months 7 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CLERICAL

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: INSURANCE.

10. Date deceased last worked at this occupation (month and year): JUL 1939

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): PETERSBURG, VA. VA.

FATHER

13. NAME: ANTROBOS BOND.

14. BIRTHPLACE (city or town) (State or country): VIRGINIA.

MOTHER

15. MAIDEN NAME: JEAN M. JOHNSON

16. BIRTHPLACE (city or town) (State or country): VIRGINIA.

17. INFORMANT: MRS. E. J. BOND SR.

(Address): 1703 N. CALVERT ST.

18. BURIAL, CREMATION, OR REMOVAL

Place: Petersburg Va Date: 12/26 1940

19. UNDERTAKER: H. C. Mears & Son

(Address): N. Calvert St.

DEC 24 1940

20. FILED: Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DEC. 23 1940

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1939 to DEC. 23, 1940

I last saw him alive on DEC. 23, 1940 Death is said to have occurred on the date stated above, at 3 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PROSTATIC HYPERTROPHY	1936
PYELONEPHRITIS	1937
BRONCHO PNEUMONIA	DEC. 23 1940

Other contributory causes of importance:

GENERALIZED ARTERIO-SCLEROSIS	1926

Was an operation performed? YES Date of FEB. 1936

For what disease or injury? PROSTATIC HYPERTROPHY

What test confirmed diagnosis CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Arthur Karfgin M. D.

(Address) 701 W. 40th St.

Via Pennsylvania R.R. — Escort, Edward J. Bond Jr. —

F 75724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-B F 75724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in years; if under one year, give months or days. Occupation should indicate the trade, profession or particular kind of work done during most of working life, even though person was retired or unemployed at time of death. Industry or business should indicate the name of the establishment in which the occupation was followed. Cause of death must be certified to by a physician, if he was in attendance during last illness, and by the coroner if he investigated the case. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Calvert Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Calvert Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adah Kerlinger Wright

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: John A. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 19, 1874

8. AGE: Years	Months	Days	If less than one day
66	8	3	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: John Curlinger
13. Birthplace: Carroll Co., Maryland

MOTHER
14. Maiden Name: ? Shaffer
15. Birthplace: Carroll Co., Maryland

16 (a) Informant: Mr. Frank Harper
(b) Address: 314 Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/40 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) Filed DEC 24 1940 (b) Huntington Williams, M.D. Registrar (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1921, to Dec 22 1940, and that I last saw her alive on Dec 20 1940.

Immediate cause of death	Duration
Pulmonary Embolism	15 minutes
Due to Femoral Phlebitis	6 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Brown
Address 2435 Maryland Ave Date signed 12/23/40

F 75725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 75725 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please give correct age in years, or if under one year, in months, days, or hours. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Braddish Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Rose Cordner

3 (b) If veteran, name war c

3 (c) Social Security Account No. c

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles H.

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Apr 7 - 1897

8. AGE: Years	Months	Days	If less than one day
43	8	16	hr. min.

9. Birthplace St Margarets, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Fredrick Bohneman

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Bitzel

15. Birthplace Md.

16 (a) Informant Charles H. Cordner

(b) Address 1809 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn

18 (a) Funeral director John J. Moran

(b) Address 3000 Booth

19 (a) (Signature of registrar) (b) Hunting for Wm [illegible] M.D.

DEC 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940 at 3:57 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture: skull.	
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/22/40
(c) Where did injury occur? Braddish + North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - Struck by autocar

23. Signature Wm H. VanDeGrift M.D. Medical Examiner.

Date signed 12/23/40

F 75726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-aF 75726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5002 Frederick Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5002 Frederick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Krebs Gundry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Dr. Alfred T. Gundry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1874

8. AGE: Years	Months	Days	If less than one day
66	7	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Jacob Krebs
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rachel Meade
15. Birthplace Md.

16 (a) Informant Dr. Alfred T. Gundry
(b) Address 5002 Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore Md

DEC 24 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Be sure to give correct age in each case. Every question should be answered. Information is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

56

20. DATE OF DEATH December 22 1940, at 9:P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to Dec. 22 1940, and that I last saw her alive on Dec. 22 1940

Immediate cause of death: arterio sclerosis Before Cerebral embolism — Duration: 1940 / 1 Wk.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carroll Monmonier M. D.
Address Catonsville, Md. Date signed

VS 8

75727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

75727

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3706 Elliott St. (St.) 26 (Ward) 9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME George Washington Williams

If U. S. Veteran specify WAR

(a) Residence: No. 3706 Elliott St. St., Ward. SS 214-01-4513

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Louise Williams

6. DATE OF BIRTH (month, day, year) Sept. 25, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	2726	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Refinery

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Llandelly Wales

MOTHER

15. MAIDEN NAME Elizabeth Beynon

16. BIRTHPLACE (city or town) (State or country) Llanelly Wales

17. INFORMANT Mrs. Minnie Louise Williams

(Address) 3406 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemt. Date 12/26/40

19. UNDERTAKER Lawrence F. Hoffmann

(Address) 1639 N. Broadway

20. FILED DEC 24 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10 1940 to Dec. 21 1940

I last saw h.. alive on Dec. 21 1940 Death is said to have occurred on the date stated above, at 11:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Hypertensive Cardiovascular disease	1935
Arteriosclerosis	1935
Cerebral Hemorrhage	Dec. 7, 1940
Other contributory causes of importance: Hemiplegia	Dec. 7, 1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Applestein M. D.

(Address) 1800 S. Ellwood Ave.

Information should be carefully supplied. Any omission or error should be corrected. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 2

75728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 75728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 E. Madison, St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 E. Madison, St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Fraley.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1860

8. AGE: Years	Months	Days	If less than one day
80	—	12	hr. min.

9. Birthplace Czechoslovakia. (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Frank.
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anderson.
15. Birthplace Unknown.

16 (a) Informant Helen Kujucka
(b) Address 2409 E. Madison, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd & Monastery Lane

18 (a) Funeral director C. B. Schimunek.
(b) Address 2601-03 E. Madison, St.

19 (a) Rec'd by reg. (b) Huntington, Indiana, Mar. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1940 at 4 H. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 20 1940 and that I last saw h[er] alive on Dec 20 1940

Immediate cause of death	Duration
Hypostatic Pneumonia	Dec 17 40
Due to	
Due to Carcinoma of Stomach	Dec 1 1940
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Graner M.D.
Address 801 N Kenwood Ave Date signed Dec 24 40

Please write the causes of death clearly and legibly. Physicians: please write especially important. Be sure to correct

F 75729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Inf. Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 2
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 S. Rappolla St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME COULBOURN, JOHN B.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-12-0301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1896

8. AGE: Years	Months	Days	If less than one day
44	4	9	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name E. W. Coulbourn

13. Birthplace Crisfield, Md.

MOTHER 14. Maiden Name Emma Green

15. Birthplace Crisfield, Md.

16 (a) Informant Sister - Mrs. Alice C. Stevenson

(b) Address 828 S. Rappolla St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville

18 (a) Funeral director H. Howard Strong

(b) Address 715 Light St.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

DEC 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1940, at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20, 1940 to Dec 23, 1940 and that I last saw h.. alive on Dec 22 1940.

Immediate cause of death Cardiac & respiratory failure — Duration: 2 days

Due to Pulmonary pneumonia — Duration: over

Due to ..... — Duration: .....

Other Conditions ~~Hemiplegia~~ ?
(Include pregnancy within 3 months of death)

Major findings: Autopsy

Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Nolan T. Cale M. D.

Address 614 E. Monument Date signed Dec 23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

F 75730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 75730

PLEASE WRITE PLAINLY. Fill spaces. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 William St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Frank Edgar Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Matilda Cooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1860

8. AGE: Years	Months	Days	If less than one day
80	5 7	19	hr. min.

9. Birthplace Elmira, N.Y.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Cooper
13. Birthplace England

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Edward Cooper
(b) Address 1028 William St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) Dec 24 1940 (b) Registrar Washington Hilliard M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1940, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1940. to Dec 23 1940. and that I last saw him alive on Dec 22 1940.

Immediate cause of death	Duration
Due to Arteria Sclerosis	10 yrs.
Due to	
Other Conditions Chronic Myocarditis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Streett M. D.
Address 421 E. Fort Ave. Date signed 12/23/40

61790 -- FD

F 75731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-9803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married-separated

6 (b) Name of husband or wife Unk.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-1897

8. AGE: Years	Months	Days	If less than one day
43	10	3	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation foreman

11. Industry or business United Fruit Co.

FATHER
12. Name Joshan
13. Birthplace Va.

MOTHER
14. Maiden Name Mollie Gardner
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) Mt. Calvary (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Geo. U. Kelson
(b) Address 1303 Pressstman St

19 (a) (Undertaker or manager) (b) Hunting Park Ave. Baltimore, Md.

DEC 24 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-1940, at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9-1940, to 12-22-1940, and that I last saw h[im] alive on 12-22-1940.

Immediate cause of death

Cardiac failure — Duration ?
Pulm. congestion — ?
Due to Hypertensive CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulm. congestion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-23-40

PLEASE WRITE PLAINLY with [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 47-a

F 75732

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, even though correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo14da
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo14da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Brambleton Avenue (If rural give location)
17 b
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry N. Deanes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace Saunders
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1882

8. AGE: Years	Months	Days	If less than one day
58	2	6	hr. min.

9. Birthplace Hartford County, North Carolina (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Seafaring

FATHER
12. Name John W. Deanes
13. Birthplace North Carolina

MOTHER
14. Maiden Name ~~Mollie~~ Mollie Duke
15. Birthplace North Carolina

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/40 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk, Va

18 (a) Funeral director John J. Fahey Sons
(b) Address 131 S. Fright St

DEC 24 1940 (Registrar) (b) Hunter H. Williams M.D. Baltimore Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1940 to Dec. 23, 1940 and that I last saw him alive on Dec. 23, 1940

Immediate cause of death	Duration
Broncho-pneumonia	2 weeks
Due to Necrosis of larynx	3 months
Due to Carcinoma of larynx (treated)	9 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laryngoscopy
Biopsy
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert R. Smith, M.D.
Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/24/40

F 75733

75733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. James Frederick Downs

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth C. Downs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 17, 1862

8. AGE: Years	Months	Days	If less than one day
78	3	6	hr. min.

9. Birthplace Templeville, Md. (Town, county, and state)
10. Usual Occupation Retired Dentist
11. Industry or business

FATHER
12. Name Dr. John W. Downs
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Nickerson
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth C. Downs
(b) Address 1405 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. Amoroso
(b) Address 1005 W. Baltimore St.

19 (a) (Date rec'd by registrar) DEC 24 1940 (b) [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at 8:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Wagle Swift M.D. Medical Examiner.
Date signed 12/23/40

75734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 75734
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name)
(d) Street No. 2426 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter S. Hubbard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Emma V. Hubbard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 - 1872

8. AGE: Years 68 | Months 6 | Days 16 | If less than one day hr. min. 67

9. Birthplace: Cambridge, Md. (Town, county and state)

10. Usual Occupation: Retired Bartender

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Walter C. Schlacher
(b) Address: 1159 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Woodlawn, Cem

18 (a) Funeral director: Monnie C. Tyler
(b) Address: 1601 W. North Ave

19 (a) DEC 24 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC 24 1940 at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Haemorrhage — Duration: —

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William S. Nelson M.D. Medical Examiner
Date signed 12/24/40 Address: 1 E. Lexington St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Any uncertainty as to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

75735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 75735

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Information must be complete and correct as far as possible. Cause of death must be certified and signature of attending physician obtained before burial. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2748 Twoly Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2748 Twoly Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

4.6

3 (a) FULL NAME Mary Ann Taylor Hunter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Thomas E. Hunter

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1866

8. AGE: Years	Months	Days	If less than one day
74	2	10	hr. min.

9. Birthplace Charles Co., Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name ? Boswell

13. Birthplace Md.

MOTHER

14. Maiden Name Catherine Acton

15. Birthplace Md.

16 (a) Informant Thomas E. Hunter Husband

(b) Address 2748 Twoly Ave.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Dec. 26 1940 (month) (day) (year)

(c) Cemetery or crematory London Park Cem.

Location Baltimore Md

18 (a) Funeral director C. Bovard Evans

(b) Address 1400-02 E. Baltimore St

19 (illegible) DEC 24 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1940, at 1 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1936 to Dec 23 1940, and that I last saw her alive on Dec. 22 1940.

Immediate cause of death Cerebral Thrombosis — Duration 24 hr.

Due to Hypertension Cardio-Malabsorption Renal Disease — 1

Due to —

Other Conditions Cholelithiasis — 2

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Joseph S. Blum M. D.

Address 1206 E. Preston Date signed 12/24/40

VS 3

75736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 75736

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials alone. Give correct age in years, months, days. If less than one day, hours or minutes. Fill in all items. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 N. Dallas St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vida Mc Dowell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Married

6 (b) Name of husband or wife Julius McDowell
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39	5	16	hr. min.

9. Birthplace North Hampton, Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace North Hampton, Va

MOTHER
14. Maiden Name Lavina Johnson
15. Birthplace North Hampton Va

16 (a) Informant Julius Mc Dowell
(b) Address 1700 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson Street

19 (a) DEC 24 1940 (b) Huntington [illegible] Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940, at 3:27 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1940 to Dec. 22 1940 and that I last saw him alive on Dec 22 1940.

Immediate cause of death	Duration
Lobar Pneumonia	2 Days
Due to Pneumonia	3 Hours
Due to Acute Dilatation of Heart	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Leary M. D.
Address 1420 E. Chase Date signed Dec 25

F 75737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75737 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) White Marsh
(d) Street No. 4940 Eastern Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Donald Eugene Wilhelm

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29 1936

8. AGE: Years	Months	Days	If less than one day
4	8	24	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER	12. Name William Wilhelm
	13. Birthplace Md.
MOTHER	14. Maiden Name Ethel Gardener
	15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Cockeysville Hyattsville Md

18 (a) Funeral director E J Kirkpatrick Son
(b) Address Hyattsville Md

DEC 25 1940 (Date filed by registrar) (b) Huntington Williamsville Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 24 1940 at 8.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1940, to 12-24 1940, and that I last saw him alive on 12-24 1940.

Immediate cause of death Broncho Pneumonia — Duration 3 days
Due to
Due to — Duration over
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David P Hollander M. D.
Address Balto City Hosp Date signed 12-24-40

F 75738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 75738

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 N Papperson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 N Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie M. Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Albert Klein
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Joseph Levy
(b) Address 1439 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

DEC 25 1940 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec, 24, 1940, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-4-1940 to Dec 24 1940, and that I last saw h[illegible] alive on Dec-24-1940

Immediate cause of death
Cancer of breast
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
about
10 months

Major findings:
Of operations Cancer
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Bendel M.D.
Address 2704 Eutaw Place Date signed 12/27/40

F 75739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75739

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4209 Granada Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 Granada (If rural give location)
(e) If foreign born, how long in U. S. A.? 76 years

3 (a) FULL NAME Louis P. Berg

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Dora C. Berg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1850

8. AGE: Years	Months	Days	If less than one day
90	7	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business

FATHER
12. Name — Berg
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Maxie Berg
(b) Address 4209 Granada Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friends
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) DEC 25 1940 (Registrar) (b) Hunter Jr. Miller (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1931, to 12-23 1940, and that I last saw h[im] alive on 12-23 1940.

Immediate cause of death: Diabetes Mellitus — Duration: 15 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(d) Means of injury

23. Signature H Edmund Levin MD
Address 2037 Park Ave Date signed 12-24-40

PLEASE WRITE FORMALLY. Be sure to answer every question. Please give correct age in years. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 75740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-0 Registered No. F 75740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. E. Monument St
800 Whitelock St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Mrs. Bertha Fox

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years: 79 | Months: | Days: | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ✓

MOTHER
14. Maiden Name Unknown
15. Birthplace ✓

16 (a) Informant Meyer Fox
(b) Address 800 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-40 (month) (day) (year)

(c) Cemetery or crematory Beth Tfilah
Location Windsor Mills Rd

18 (a) Funeral director Jack Levine Inc
(b) Address 1437 E. Baltimore St

19 (a) 12-25-1940 (Date received by Registrar) (b) Huntington Station, Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1940 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1940 to 12/24 1940 and that I last saw h- alive on 12/24 1940.

Immediate cause of death Pulmonary Edema

Due to Lenkemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Herendeen M. D.
Address Sinai Hosp., Date signed 12/24/40

PLEASE WRITE PLAINLY, with unfading ink. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

75741 B 20443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75741
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. Be sure and answer each question. Please give information requested for items 1 and 2 even if deceased was not a resident of Baltimore City. Please see that your certificate is correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wortham

3 (b) If veteran, name war

3 (c) Social Security Account No. 710

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Frankie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-13-84

8. AGE: Years	Months	Days	If less than one day
56	10	10	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Laurence Wortham
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Sallenwhite
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-25-40 (month) (day) (year)
(c) Cemetery or crematory Hendersonville N C
Location

18 (a) Funeral director Isaiah L. Brownston
(b) Address 105 W Montgomery St

19 (a) (Date accepted by Registrar) (b) Hunter for Wilmer H. Registrar

DEC 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Dec 23 1940 and that I last saw him alive on Dec 22 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to UNKNOWN organism	
Due to	
Other Conditions Hypertensive cardiovascular disease with myocardial failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed 12-24-40

F 75742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 75742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 Fleet St.
(If rural give location)
2-5
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Benjamin Brown (61942) (Bronuszewski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1915

8. AGE: Years	Months	Days	If less than one day
25	3		hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business Interior Decorator

FATHER
12. Name Bernard
13. Birthplace Penn.

MOTHER
14. Maiden Name Marian ?
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co.

18 (a) Funeral director William Fiaschetti
(b) Address 446 Fenton Ave

DEC 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1940 to Dec. 22, 1940, and that I last saw him alive on Dec. 22, 1940.

Immediate cause of death Pulmonary Tuberculosis — Duration Feb. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D.
M. D.
Address Balto. City Hospitals Date signed 12-24-40

F 75743

F 75743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No. F 75743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Mosher st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Mosher st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Joshua Moore
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-18-1864

8. AGE Years	Months	Days	If less than one day
76	2	4	hr. min.

9. Birthplace Greenville S.C. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Laurence Coker
13. Birthplace S.C.

MOTHER
14. Maiden Name Violet ?
15. Birthplace S.C.

16 (a) Informant Mrs Eula Scott
(b) Address 304 Mosher st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 26 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave Huntington Williamsville, Md

19 (a) (State name of Registrar) (b) Registrar

DEC 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Dec 22 1940 and that I last saw her alive on Dec 22 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Uremia Coma	
Due to Hypertensive Cardio Vascular Renal Disease	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Devilasco M. D.
Address 600 N Greenmount ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct are is especially important. Physicians: please write the causes of death clearly and legibly.

F 75744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No. F 75744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3033 Weaver Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Weaver Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Kahline

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank W. Kahline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1864

8. AGE: Years 76 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Daniel Peack
13. Birthplace Germany.

MOTHER
14. Maiden Name Louisa Muth
15. Birthplace Germany.

16 (a) Informant Eleanora Peack.
(b) Address 3033 Weaver Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director Mr & Mrs. J. W. Teufel & Son
(b) Address 801 W. Lafayette Ave

19 (a) DEC 25 1940 (Registrar's number) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 2.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Dec 24 1940 and that I last saw h[illegible] alive on Dec 24 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature L. L. Grady M. D.
Address 5106 Harford Rd. Date signed 12-24-40

F 75745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No.

F 75745

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. If unknown, or not applicable, write "unknown" or "N. A." Please see that your answers are full and complete, and that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 N Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C Bonnett

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary B Bonnett
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1887
8. AGE: Years 53 | Months 0 | Days 7 | If less than one day: hr. min.
9. Birthplace New York N. Y. (Town, county, and state)
10. Usual Occupation Electrical Contractor
11. Industry or business Self

FATHER
12. Name Charles C Bonnett
13. Birthplace New York N. Y.

MOTHER
14. Maiden Name Catharine Young
15. Birthplace Germany

16 (a) Informant Mary B Bonnett
(b) Address 328 N Fulton Ave

17 (a) Burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Tallhorn & Son
(b) Address 1217 E Pratt St

19 (a) (b) Huntington, West Virginia, W.Va.

DEC 25 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1940, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1939 to 12/24 1940, and that I last saw him alive on 12/24 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr.
Due to: Arteriosclerotic Cardiovascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Laughlin M. D.
Address 400 N. Payson St. Date signed 12/24/40

F 75746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-B

F 75746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as possible. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 N. Charles st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John N. Welsh

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marian Welsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17. 1911

8. AGE: Years	Months	Days	If less than one day
29	1	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Cullas & Hammond

FATHER
12. Name William Welsh
13. Birthplace Balto Md

MOTHER
14. Maiden Name Grace Ford
15. Birthplace Balto Md

16 (a) Informant William Welsh
(b) Address 1005 Harwick Ave
17 (a) Burial (b) Date thereof 12/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Lorraine
Location Balto Co. Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st
DEC 25 1940 Huntington Williams, M.D.
(Date filed) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1940, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1940 to Dec 23 1940, and that I last saw h. alive on Dec 23 1940.

Immediate cause of death

acute Endocarditis

Due to Thrombotic Fever

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
10 days
31 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Thomas M. D.
Address 3136 Hartford Rd Date signed 12/24/40

F 75747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 75747 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where the exact information is not known, the best possible estimate should be given. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 5607 Roland Ave
(c) Hospital or Institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 N Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis J Sudsburg

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht	Widower

6 (b) Name of husband or wife Sadie N.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1870

8. AGE: Years	Months	Days	If less than one day
70	4	22	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph M Sudsburg
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Rankin
15. Birthplace Ireland

16 (a) Informant Mary Louise
(b) Address 645 N Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Green Mount Baltimore Md

18 (a) Funeral director J M Cox
(b) Address 1219 E Fayette St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940, at 9:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1940 to Dec 23 1940 and that I last saw h[illegible] alive on Dec 23 1940.

Immediate cause of death Cardio Renal
Due to Vascular disease
Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
5 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Heaton M. D.
Address 1709 York Rd Date signed 12/29/40

75748 61901 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 75748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street & No. 7 South Stricker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Mozingo Mozingo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Divorced

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/21/1895

8. AGE: Years	Months	Days	If less than one day
45	9	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerical Work
11. Industry or business Fort Meade

FATHER
12. Name Lunsford Mozingo (d) Mozingo
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Mathews
15. Birthplace West Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore MD

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-1940, at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12-1940 to 12-23-1940 and that I last saw h[illegible] alive on 12-23-1940.

Immediate cause of death — Duration
Lobar pneumonia — Days
Due to Hypertensive CVD — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 12-24-40

F 75749 Sheehey

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 75749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 452 Lorraine Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 452 Lorraine Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12 3

3 (a) FULL NAME William E. Sheehey

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret T. Schumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1864

8. AGE: Years	Months	Days	If less than one day
76	4	–	hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation City Employee
11. Industry or business

FATHER
12. Name William Sheehey
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget White
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Sheehey
(b) Address 452 E. Lorraine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Waverly

18 (a) Funeral director Mary M. Highfield
(b) Address 501 E. 32nd St.

19 (a) DEC 25 1940 (b)
Registrar

Hunter Van Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23. 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1940, to Dec. 23, 1940, and that I last saw him alive on Dec 15, 1940

Immediate cause of death Lobar Pneumonia — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pessagno M. D.

Address 514 Drury Lane Date signed 12/26/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 75750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucien J. Kreis

3 (b) If veteran, name war —

3 (c) Social Security Account No 218-09-8177

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Alice M. Kreis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1878

8. AGE: Years	Months	Days	If less than one day
62	5	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Watchman (W.P.A.)

11. Industry or business

FATHER 12. Name Wm. J. Kreis

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Blanche Shaw

15. Birthplace Unknown

16 (a) Informant Albert L. Kreis, Son.

(b) Address 515 Register Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/27/40. (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location

18 (a) Funeral director Mary M. Widdefield

(b) Address 501 E. 32nd Street

19 (a) DEC 25 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1940, at 10:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelly M.D. Medical Examiner

Date signed 12/24/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75751

CERTIFICATE OF DEATH

94-a F 75751

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Hebrew Aged Home (b) 27+7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lena Jacobs.

(a) Residence: No. Aged Home Lorendale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Jacobs

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 68; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joel Blumenthal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba Blumenthal

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Jacobs Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville #3 Date 12/25/40

19. UNDERTAKER Jack Levin Inc (Address) 1439 E. Baltimore St

20. FILED 19 Harrington for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-40

22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1939, to 12-24-40, 1940.

I last saw her alive on 12-24-40, 1940. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Edmund Levin, M. D.

(Address) Levindale

Information should be carefully supplied. Any unknown or inapplicable items should be so stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

VS 8

DEC 25 1940

F 75752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

F 75752 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the age is correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Annie Deka.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John J. Deka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John McHale
13. Birthplace Ireland

MOTHER
14. Maiden Name ??
15. Birthplace Ireland

16 (a) Informant Michael Deka
(b) Address 713 E. 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Eager St

19 (a) [illegible] (Local registrar) (b) Washington Hill [illegible]

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1940 to Dec 24 1940, and that I last saw her alive on Dec 24 1940

Immediate cause of death	Duration
Heart failure	
Pulmonary congestion	
Due to Carcinoma of the rectum with probable metastasis	
Due to to the lungs.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Meade M. D.
Address Mercy Hospital Date signed Dec 31 1940

389398 75753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 104-3 F 75753 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA. (b) County
(c) City or town Elkton (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN KITE BERKMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 2

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	MARRIED

6 (b) Name of husband or wife ABE

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 2-6-04

8. AGE: Years	Months	Days	If less than one day
36	10	19	hr. min.

9. Birthplace VA. (Town, county, and state)

10. Usual Occupation HOSTESS.

11. Industry or business

FATHER
12. Name JOHN H. HAMMER
13. Birthplace VA.

MOTHER
14. Maiden Name MINNIE TAYLOR
15. Birthplace VA.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Elk Grove Cem. Location Elkton Virginia

18 (a) Funeral director Williams Park
(b) Address 1217 St. Paul St

DEC 25 1940 (Date received by Registrar) (b) Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 25 1940 19 at 2.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 27 1940 to DEC. 25 1940, and that I last saw him alive on DEC 25 1940.

Immediate cause of death: Meningitis - anaerobic streptococci — Duration

Due to

Due to

Other Conditions Cavernous sinus thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles A. Ireland, M. D.
Address Johns Hopkins Hosp. Date signed 12-25-40

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 75754

× ✓ F 75754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St:
(c) Hospital or institution:
Sinai Hospital - Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Fields

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W:	Married

6 (b) Name of husband or wife Eva Fields

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Salesman Tailor

11. Industry or business

FATHER 12. Name Wolf Rubenfield

13. Birthplace Russia

MOTHER 14. Maiden Name Fanke

15. Birthplace Russia

16 (a) Informant Hospital Records.

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)

(c) Cemetery or crematory Washington D.C.

Location Washington D.C.

18 (a) Funeral director B. Dembensky

(b) Address 3501-14th St. N.W. Wash. D.C.

DEC 25 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/40 19 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1940 to Dec 25 1940 and that I last saw h alive on Dec 25 1940

Immediate cause of death Cerebral Thrombosis — Duration

Due to Arterio-sclerosis

Due to Diabetes:

Other Conditions Prostatic Hypertrophy over

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic Hypertrophy

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Dembensky M. D.
Address Date signed

PLEASE WRITE PLAINLY, with unfading ink. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 75755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 75755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Apartments
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apts (If rural give location)
3101 St Paul St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma W. Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23rd 1850

8. AGE: Years	Months	Days	If less than one day
90	10	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Benjamin Thomas
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rebecca Bannister
15. Birthplace Balto Md

16 (a) Informant Chas. F. P. Waltera
(b) Address Hopkins Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Director or Registrar) (b) Registered DEC 28 1940

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in this certificate is correct and complete. Any error or omission is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Dec 24 1940, and that I last saw her alive on Dec 24 1940.

	Duration
Immediate cause of death	
Myocardial Failure	1 Day
Due to	Unknown
Arteriosclerosis.	
Due to	
Other Conditions	Own

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. F. Speelbrong M. D.
Address 2023 St Paul St Date signed 12/25/40

F 75756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-3 F 75756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 Elm Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Wilson

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: Call
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Florence Wilson
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Nov 1, 1877.
8. AGE: Years: 63 | Months: 1 | Days: 21 | If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Night Watchman
11. Industry or business:

FATHER
12. Name: Thomas Wilson
13. Birthplace: Ga

MOTHER
14. Maiden Name: Elizabeth Weatherson
15. Birthplace: Md

16 (a) Informant: Florence Wilson
(b) Address: 3035 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1940 (month) (day) (year)
(c) Cemetery or crematory: New National
Location: Frederick Road
18 (a) Funeral director: Thomas F. Sorman
(b) Address: 3615 Eastern Ave
19 (a) Date received (Local Registrar): DEC 26 1940 (b) Filed: Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940 at 1 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1940 to Dec 22 1940 and that I last saw h. alive on Dec 22 1940.

Immediate cause of death: Cerebral Thrombosis — Duration: 37 days
Due to:
Due to:
Other Conditions: Hypertension Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Confirm above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: D. J. Ross M. D.
Address: Mercy Hospital Date signed: Dec 24 1940

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

K 75757

F 75757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 81-W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

3 (a) FULL NAME RABBI SAMUEL ISAAC LIEBB

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife OLGA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace LITHUANIA
(Town, county, and state)

10. Usual Occupation RABBI

11. Industry or business

FATHER
12. Name ZEBULON LEIBB
13. Birthplace LITHUANIA

MOTHER
14. Maiden Name ESTHER
15. Birthplace LITHUANIA

16 (a) Informant OLGA LEIBB
(b) Address 2012 E. BALTO. ST

17 (a) BURIAL (b) Date thereof 12-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Balto. Co. & HAMILTON Ave.

18 (a) Funeral director Sol Levin Inc
(b) Address 1439 E. Balto St.

DEC 26 1940
(Date rec'd by Registrar)

Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1940 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17-1940 to 12-25-1940, and that I last saw h[illegible] alive on 12-25-1940.

Immediate cause of death Cardiorespiratory failure — Duration

Due to Sternal carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Chute M. D.

Address Univ. Hosp. Date signed 12-25-40

Please write plainly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

75758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1.08

F 75758

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blank. If unknown or not applicable, write the word. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 Caroline St.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 616 S. Bouldin St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Purzycki, Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. Child

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28-40

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Theodore Purzycki

13. Birthplace Baltimore

MOTHER 14. Maiden Name Mary Stasinski

15. Birthplace Baltimore

16 (a) Informant Theodore Purzycki

(b) Address 616 S. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27-40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Location Baltimore

18 (a) Funeral director Fred W. Ozarowski

(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 26 1940 Theodore H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1940, at 6 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1940 to 12-24 1940, and that I last saw h. alive on 12-24 1940.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Malnutrition (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.

Address St. Joseph's Hosp. Date signed 12-24-40

F 75759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. 25759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Fairlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6804 Brentwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOAN ESTHER BARR

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife - - -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31. 1940

8. AGE: Years 0 | Months 3½ | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Christopher Barr
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hedweg Harker
15. Birthplace Baltimore

16 (a) Informant Mrs. Christopher Barr
(b) Address 6804 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) (Huntington Williams) M.D.
26 Dec 40

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 1.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Diarrhea, infantile
Cause undetermined
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-4

F 75760

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Punctuation is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3417 Noble St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Noble St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

26 4

3 (a) FULL NAME SAMUEL ESSELMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Josephine Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24.1859

8. AGE: Years	Months	Days	If less than one day
81	4	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Kidd-Buckingham Lumber

FATHER
12. Name Peter Esselman
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Foos
15. Birthplace Germany

16 (a) Informant Dr. W. F. Karfgin
(b) Address 4331 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1940 (month) (day) (year)
(c) Cemetery or crematory Pet. Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) DEC 26 1940 (Date received by registrar) Hunter G. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22. 1940 19 9.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940, to DEC 22 1940, and that I last saw him alive on 12/21/ 1940

Immediate cause of death Pulmonary Edema — Duration 12/22/40

Due to Auricular Fibrillation — 1939

Due to Cardio-Vas. Renal Disease — —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Karfgin M. D.
Address 4331 Harford Rd. Date signed 12/22/40

VS 8

F 75761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 75761 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be entered. Data correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 W Lexington St
(c) Hospital or institution: Volunteer Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N Spring St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAMIE L. GATEWOOD

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: F
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Walter Gatewood
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) January 8, 1889
8. AGE: Years 51 | Months 11 | Days 15 | If less than one day ... hr. ... min.
9. Birthplace St Mary's County Md (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Housework

FATHER
12. Name Stephen Clark
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Bennett
15. Birthplace Maryland

16 (a) Informant Alma Gatewood - daughter
(b) Address 606 W Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 80 & W. Caroline St.

DEC 26 1940 (Registered by) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1940, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber Asst. Medical Examiner. M.D.
Date signed 12-24-40

F 75762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61546 DH

Registered No. 131 - F 75762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 N Ostend St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1907

8. AGE: Years 33 | Months | Days 28 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Turner Gaines
13. Birthplace Va.

MOTHER
14. Maiden Name Henrietta Mills
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemet.
Location Arbutus

18 (a) Funeral director Edwin O Wilson
(b) Address 1020 Brattenton
DEC 26 1940 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1940 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3- 1940 to 12-23-1940 and that I last saw h alive on 12-23-1940.

Immediate cause of death, Uremia

Due to Hypertensive CVD

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

Duration
?
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 12-23-40

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Registered No. F 25763

PLEASE FILL IN ALL ITEMS. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 285 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 654 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Benson (53662)

3 (b) If veteran, name war

3 (c) Social Security Account No. 24-18-2951

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Washington Benson (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia Ann Fisher (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
(by) Huntington Williams M.D.

19 Dec 26 1940 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1940, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 11, 1940 to Dec. 21, 1940. and that I last saw him alive on Dec. 21, 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D. M. D.
Address Balto. City Hospitals Date signed 12-21-40

75764 Petronilla Hirsch, F 75764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE & OLIVER STS.
(c) Hospital or institution: ST. JOSEPH'S HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 E. NORTH (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 — years

3 (a) FULL NAME MRS. NELLIE HIRSCH (Petronilla Hirsch)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW.

6 (b) Name of husband or wife Chas. B. Hirsch
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 3/5/1868

8. AGE: Years	Months	Days	If less than one day
72	9	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home.
11. Industry or business

FATHER
12. Name Maximilian Busch
13. Birthplace Germany

MOTHER
14. Maiden Name Ursula ?
15. Birthplace Germany

16 (a) Informant Emil Hirsch
(b) Address 1749 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Geo. J. Pfeifer Inc.
(b) Address 1735 Harford Ave.

19 (a) DEC 26 1940 Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/40 1940 at 5.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1940 to 12/23 1940, and that I last saw her alive on 12/23 1940.

Immediate cause of death CEREBRAL THROMBOSIS — Duration

Due to CEREBRAL ARTERIOSCLEROSIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Lupsik M. D.
Address St. Joseph's Hosp. Date signed 12/23/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 75765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75765

CERTIFICATE OF DEATH

95-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 Etting St. (or Ward) 14 W

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Sandy R. Yates

(a) Residence: No. 1710 Etting St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	C	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General housework

10. Date deceased last worked at this occupation (month and year) ~

11. Total time (years) spent in this occupation ~

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Roland Anderson

(Address) 1710 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-28, 1940

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

DEC 25 1940

19 ___ Registrar.

Thurlow H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1940 to Dec 22, 1940

I last saw her alive on Dec. 22, 1940 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Hist.
Other contributory causes of importance:	

Was an operation performed? ~ Date of ~

For what disease or injury? ~

Name of operation ~ What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ___, 19___

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Thurlow H. Williams M. D.

(Address) 1534 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 75766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N Registered No. F 75766

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Pearl St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Pearl St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17 pd

3 (a) FULL NAME FRED SOMMERVILLE (also Edward Sommerville)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 5 5

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation Old age Pension

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Old age Pension?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Adolphus Falstead
(b) Address 918 Druid Hill Ave

19 (a) (Date received by registrar) (b) Thurlington for Williams, M.D. Registrar

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Wallenweber M.D. Medical Examiner
Date signed 12-22-40

75767 H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 75767

CERTIFICATE OF DEATH.

146-B

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 614 S. LEHIGH ST. 36-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME HENRY HACKER

(a) RESIDENCE. No. 614 S. LEHIGH ST. ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ANNA F. HACKER

6 DATE OF BIRTH (month, day, and year) JUNE 3 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work FIREMAN

(b) General nature of industry, business, or establishment in which employed (or employer) AT STANDARD OIL CO.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) GERMANY

PARENTS

10 NAME OF FATHER HENRY HACKER

11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY

12 MAIDEN NAME OF MOTHER UNKOWN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) GERMANY

14 Informant ANNA F. HACKER (WIFE)
(Address) 614 S. LEHIGH ST.

Date received DEC 26 1940 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/40 19 4[illegible]

17 I HEREBY CERTIFY, That I attended deceased from Nov 25 1940 to Dec 23 1940

that I last saw h~~im~~ alive on Dec 22 1940

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adams Lod, M. D.

, 19 (Address) 4616 Evelyn ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: SACRED HEART CEM.

DATE OF BURIAL: DEC. 27 19[illegible]

20 UNDERTAKER: Lilly & Zeiler INC.

ADDRESS: 403 S. WOLFE ST.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75768 or 10482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 75768

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Inf)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2. S. Frederick Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1888

8. AGE: Years	Months	Days	If less than one day
52	10	22	0 hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Robert

13. Birthplace Pa.

MOTHER 14. Maiden Name Annie Jones

15. Birthplace Ga.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 26 1940

18 (a) Funeral director Commissioner of Health

(b) Address For H. A. Myers

19 (a) DEC 26 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar)

6456

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1940, at 5 13 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20-1933 to 12-17-1940, and that I last saw h alive on 12-17-1940.

Immediate cause of death Cardiac failure — Duration 7

Due to Hypertension CVD — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerome Kalkstein M. D.

Address Balto City Hosp Date signed 12-21-40

75769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. B 75769

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Items especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don't know
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 S. Anne St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PETER NAWROCKI

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-09-3264

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Frances
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) October 24, 1895

8. AGE: Years	Months	Days	If less than one day
45	1 2	17	hr. min.

9. Birthplace: Puttusk, Poland (Town, county, and state)
10. Usual Occupation: Stevedore
11. Industry or business: Docks & ships

FATHER
12. Name: Andrew Nawrocki
13. Birthplace: Puttusk, Poland

MOTHER
14. Maiden Name: Maryanna Sanski
15. Birthplace: Puttusk, Poland

16 (a) Informant: Mrs Frances Nawrocki
(b) Address: 331 S. Anne St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Mt. Carmel Road

18 (a) Funeral director: M. J. Skowronski & Sons
(b) Address: 1808 Eastern Ave.

19 (a) Filed by registrar (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. J. Wollenweber M.D. Medical Examiner.
Date signed 1-2-41

VS

F 75770 LEVIAN MASON

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 75770

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1047 W Fayette St (Ward) 18

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Levian Mason

If U. S. Veteran specify WAR

(a) Residence: No. 1047 W. Fayette St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julia Mason

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Penn Hill Md

FATHER
13. NAME: Anthony Mason
14. BIRTHPLACE (city or town) (State or country): Penn Hill Md

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Verna Mason
(Address) 1047 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Dec 26, 1940

19. UNDERTAKER: Mrs Kate R Williams
(Address) 322 N Schroeder St

Filed DEC 26 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1940 to Dec 21, 1940

I last saw him alive on Dec 21, 1940 Death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Lobar Pneumonia	Dec. 17
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phys Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) P Gantz Shipley M. D.

(Address) 534 Druid Hill Ave

V 2

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75771

BALTIMORE CITY HEALTH DEPARTMENT

61958 DH CERTIFICATE OF DEATH 93-T

Registered No. E 75771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Sexton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 5 23

3 (a) FULL NAME Edward Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Leah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1861

8. AGE: Years	Months	Days	If less than one day
79	9	12	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Pensioned

11. Industry or business

FATHER 12. Name William T Robinson

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Reed

15. Birthplace Balto.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Edward Fowlkes

(b) Address 2409 Wilkens Ave

(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1940, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19-40 to 12-22-40, and that I last saw h alive on 12-22 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 12-23-40

Certified by Registrar for Williams M.D. Registrar

Special attention to correct and specially important. Physicians: please write the causes of death clearly and legibly.

75772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75772

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Mt. Holly Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Mt. Holly Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JULIA AUGUSTA BARNSLEY

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Charles Barnsley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): September 5, 1860

8. AGE: Years	Months	Days	If less than one day
80	3	19	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles August Starkey
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Anita L. Adams
(b) Address: 2210 Mt Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
DEC 26 1940
(c) Cemetery or crematory: Western
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar's signature: Wm. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1940 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1- 1940 to Dec 24 1940, and that I last saw her alive on Dec 24 1940.

Immediate cause of death: Hypostatic
Arterio-sclerosis
Due to: Age
Due to: Age
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
10 yrs
10 yrs

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Geo. Bellup M.D.
Address 2224 W. North Ave Date signed Dec 26/40

PLEASE WRITE PLAINLY, WITH INK AND IN PERMANENT PENCIL. Every question must be answered. Please see that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 75773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W Lee St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY E DAHR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24, 1893

8. AGE: Years	Months	Days	If less than one day
47	2	0/10	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation mail carrier (temporary)

11. Industry or business U.S. Post Office

FATHER
12. Name Henry Dahr
13. Birthplace Pa

MOTHER
14. Maiden Name Louise Johnson
15. Birthplace Harrisburg Pa

16 (a) Informant Lowell Dahr
(b) Address Harrisburg, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)
(c) Cemetery or crematory East Harrisburg
Location Harrisburg Pa

18 (a) Funeral director William Cook
(b) Address 1217 N Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 2:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D. Medical Examiner.
Date signed 12-24-40

F 75774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75774

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo19da
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2733 Fox Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lettie Wynder

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: FEMale

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James Wynder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18[illegible]6 ? 1886

8. AGE: Years 54 [illegible] | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Northampton County, Virginia
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business U. S. Marine Hospital

FATHER
12. Name Gilbert Wilkins
13. Birthplace Northampton County, Va.

MOTHER
14. Maiden Name Lizzie Wynder
15. Birthplace Northampton County, Va.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) [illegible]

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1940, at 7:35PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940 to Dec. 22, 1940, and that I last saw him alive on Dec. 22, 1940

Immediate cause of death: Myocardial infarction and chronic myocarditis — Duration: Unknown

Due to: Generalized arteriosclerosis — Duration: Unknown

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J C Austin M. D.

Address U.S. Marine Hospital Baltimore, Md. Date signed 12/24/40

F 75775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 75775 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1159 Sargeant St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1159 Sargeant St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret R. Stier

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John U. Stier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	3 24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER

12. Name Noah Donaldson

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Martha Hazleton

15. Birthplace Ireland

16 (a) Informant Joseph E. Stier

(b) Address 1159 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-40. (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore

18 (a) Funeral director Frederick A. Price

(b) Address 720 W. Lombard St.

19 (a) [illegible] for Nathaniel, M.D. Registrar

(Date received by Registrar) DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1940 at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1940 to Dec. 22 1940 and that I last saw he alive on Dec. 21 1940.

Immediate cause of death

Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis.

Due to Hypertension.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Timmells.

Address Medical Arts Bldg Date signed 12/23/40 M.D.

F 75776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22½hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Orlando Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Leon Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-18-2553

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie Anderson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1874

8. AGE: Years	Months	Days	If less than one day
66	10	2	hr. min.

9. Birthplace Norway
(Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Bull Line Sept. 1939

FATHER 12. Name Anders Anderson
13. Birthplace Sweden

MOTHER 14. Maiden Name Jennie Anderson
15. Birthplace Agnetta Sweden

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Cor

18 (a) Funeral director Forrest W. Rusk
(b) Address 53K Lyndhurst

19 (a) DEC 26 1940 Interring for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1940, at 6:25 P M

21. I certify that death occured on the date above stated; that I attended deceased from Dec. 23, 1940, to Dec. 24, 1940, and that I last saw him alive on Dec. 24, 1940

Immediate cause of death Myocardial degeneration — Duration 1 year

Due to Generalized arteriosclerosis — Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. N. Andersen.

Address U.S.Marine Hospital Baltimore, Md. Date signed 12/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6 F 75777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Allen and Dr. Herring Sts
(c) Hospital or institution: Lyden Haven
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Rayner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Daniel Adams Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-2012

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Mary Mack

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years 32 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Watha, N. C. (Town, county, and State)

10. Usual Occupation Fisher Body

11. Industry or business Chevrolet

FATHER
12. Name William A. Moore
13. Birthplace Cres. Penna

MOTHER
14. Maiden Name Mary E. Flaharty
15. Birthplace Federalsburg, Md.

16 (a) Informant Wife
(b) Address 3006 Rayner Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory Mayland
Location Balt

18 (a) Funeral director Leonard Plant
(b) Address [illegible]

19 (a) DEC 26 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1940 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1940 to 12/24 1940, and that I last saw h[illegible] alive on 12/24 1940.

Immediate cause of death
(a) [illegible]
Due to
Due to
Other Conditions [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
(a) 2 days
7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Rose M.D.
Address 1100 Hollins St. Date signed 12-26-40 M. D.

Frederick

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Any person who knowingly supplies incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122-a

Registered No. F 75778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5402 Carter Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary B. Monahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67	-	-	hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name	[illegible]
13. Birthplace	[illegible]
MOTHER — 14. Maiden Name	[illegible]
15. Birthplace	[illegible]

16 (a) Informant Curry Monahan
(b) Address 319 Biscayne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Finch
(b) Address 5305 Harford Ave

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 — 1940 at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 — 1940, to 12-24-1940, and that I last saw her alive on 12-24 — 1940.

Immediate cause of death Cerebro vascular accident

Due to Arteriosclerotic cardio-vascular disease

Due to Senility

Other Conditions Low grade intestinal obstruction. Ventral hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Brill, M. D.
Address MMW Hospt Date signed 12-24-40

PLEASE WRITE PLAINLY. Fill all blanks correctly. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F 75779 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or the certificate cannot be registered. Physicians: please write the correct age in years, months, days, or hours, as the case may be. Your report of the cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town ELMWOOD Catonsville Md
(If outside city or town limits, write RURAL and give town)
Street No. 615 Meadow Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George J. Hurd
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-09-2582
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Ethel Hurd
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-29-1881
8. AGE: Years 58 Months 11 Days 26 If less than one day hr. min.
9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business
FATHER 12. Name Patrick Hurd
13. Birthplace Ireland
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant Ethel Hurd
(b) Address 615 Meadow Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem
Location Catonsville, Md
18 (a) Funeral director Leonard Murphy
(b) Address 1005 Hollins St.
19 (a) (Date rec'd by registrar) (b) Registrar

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1940 at 9:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25, 1940 to Dec. 25, 1940, and that I last saw h[illegible] alive on Dec. 25, 1940.

	Duration
Immediate cause of death Cardiac Insufficiency	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Bronchial Asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Square Hosp. Date signed 12/25/40

75780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V

F 75780 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5304 Tippett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5304 Tippett Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William R Armacost

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-6673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine F Armacost
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18 1873

8. AGE: Years	Months	Days	If less than one day
67	1	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Employed by Edgar Levi

FATHER
12. Name Melchoir J Armacost
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Russell
15. Birthplace Baltimore Md

16 (a) Informant Melchoir Armacost
(b) Address 4025 Fairfax Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry K Armacost
(b) Address 4204 Ridgewood Ave

19 DEC 26 1940 Huntington Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 2.50 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Vandegrift M.D. Medical Examiner.
Date signed 12/26/40

VS 6

75781 ✓ F 75781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 Yrs years

3 (a) FULL NAME Margaret Mary Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William T. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1870

8. AGE: Years	Months	Days	If less than one day
70	8	17	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Bernard Fitzpatrick
13. Birthplace Canada

MOTHER
14. Maiden Name Honora Driscoll
15. Birthplace Canada

16 (a) Informant Miss Leonora F. Murphy
(b) Address 1921 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert St.

DEC 26 1940 (Date Rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 24 1940, and that I last saw h alive on Dec 24 1940.

Immediate cause of death Encephalitis. Disseminated Sclerosis. Hypertension. Bronchitis

Due to —

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice A. Michel M.D.
Address 215 W. Wolfe St. Date signed 12/26/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-1

F 75782 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3337 Falls Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Falls Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William P. Helms.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Frances K. Helms.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8-1882

8. AGE: Years	Months	Days	If less than one day
58	2	16	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Letter Carrier.
11. Industry or business

FATHER
12. Name George Helms.
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Lyons.
15. Birthplace Unknown

16 (a) Informant Mrs. Frances Helms.
(b) Address 3337 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27-'40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Geo. F. Beyer Jr.
(b) Address 1512 Hollins St.

19 (a) DEC 26 1940 (Date received by Registrar) (b) Huntington Williamsville, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 5 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1940, to Dec 24 1940, and that I last saw him alive on Dec 24 1940.

Immediate cause of death Coronary Occlusion (Embolism)
Due to Arterio-sclerosis & Endo endeitis
Due to (also had an attack of coronary occlusion Sept 5/40.
Other Conditions (Not necessary)

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
Sudden
Since 1934.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thomas Donaldson
Address 8146 W 36 St. Date signed 12/24/40

F 75783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 75783 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 S. Stricker St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Richard Hann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband ~~or wife~~ Annie Hann

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July - 1857

8. AGE: Years 83 | Months 5 | Days — | If less than one day: hr. min.

9. Birthplace New Jersey.
(Town, county, and state)

10. Usual Occupation Retired Glass blower

11. Industry or business Glass Bottles

FATHER
12. Name Richard D Hann
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Anna Hann
(b) Address 108 S Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1940 (month) (day) (year)

(c) Cemetery or crematory Millville N J.
Location Millville N J.

18 (a) Funeral director Geo. E. Boyer Jr.
(b) Address 1512 Hollins St

19 (a) DEC 26 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 1:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Dec 25 1940, and that I last saw h~~im~~ alive on Dec 23 1940.

Immediate cause of death

Chronic arteriosclerosis

Due to Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. M. Prevatt M.D.

Address 910 W. Lombard Date signed Dec 26-40

F 75781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 75781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N. Bentalow St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ——
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Bentalow St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Marie A. Bopp.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White.	Widowed.

6 (b) Name of husband or wife: George Bopp.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 20-1884

8. AGE: Years	Months	Days	If less than one day
55	11	25	hr. ____ min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business - At home.

FATHER
12. Name John Lang.
13. Birthplace Germany.

MOTHER
14. Maiden Name Mary Kramer.
15. Birthplace Germany.

16 (a) Informant Mrs. W. Walking.
(b) Address 27 N. Bentalow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schuyler.
(b) Address 505 N. Monroe St.

19 (a) 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25th: 1940, at 5.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Dec 24 1940, and that I last saw h alive on Dec 24 1940.

Immediate cause of death	Duration
Carcinoma of Breast	One year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Harry Hammann M. D.
Address 7607 Wise Ave Date signed Dec 26-40

VS 3

Please answer all questions correctly. Physicians: please write the causes of death clearly and legibly. Information is especially important.

F 75785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75785 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 N. Ann St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(b) Street No. 19 N. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Ferdinand Onheiser (Ohnhausen)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	M	W	widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1858

8. AGE: Years	Months	Days	If less than one day
82	6	23	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation shoe-maker
11. Industry or business shoe-manufacturing

FATHER
12. Name ?
13. Birthplace Austria

MOTHER
14. Maiden Name ?
15. Birthplace Austria

16 (a) Informant Stephen P. Onheiser
(b) Address 19 N. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, '40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Martin W. E. Dippel
(b) Address 40 Broadway Ann St.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

DEC 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to Dec 24 1940, and that I last saw him alive on Dec. 24 1940.

Immediate cause of death Uremia

Due to Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris Abramowitz M.D. M. D.
Address 1705-07 E. Balto. St. Date signed Dec 26 1940

75786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 75786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 N Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Shadrick John White

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1940

8. AGE: Years	Months	Days	If less than one day
	6	15	hr. min.

9. Birthplace Univ. Hosp. Balto, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Thomas H White
13. Birthplace Columbus S. Car.

MOTHER
14. Maiden Name Rosa Beal
15. Birthplace Columbus S Car

16 (a) Informant mother
(b) Address 1548 N Bruce St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 26 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 DEC 26 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

61:37

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1940, to 12-23 1940 and that I last saw h[illegible] alive on 12-23 1940.

Immediate cause of death
Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar Pneumonia, Left Upper Lobe Pneumonia, Staphylococcus

Duration
1 wk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury R. I. WILLIAMS.

23. Signature R. I. Williams M. D.
Address Univ. Hosp. Date signed 12-23

PLEASE WRITE PLAINLY, with unfading ink. Every item on this certificate must be answered. Do not use abbreviations. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. F 75787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine A Walsh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John J Walsh (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct - 26 - 1870

8. AGE: Years	Months	Days	If less than one day
70	1	24	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Louis Hutler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Wm J Walsh
(b) Address 2218 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 27 - 40 (month) (day) (year)
(c) Cemetery or crematory Carlwood Cem
Location Taylor Ave

18 (a) Funeral director John C Miller Inc
(b) Address 2435 E Oliver St

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md

DEC 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940 at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1940 to Dec 27 1940 and that I last saw h alive on 12/23 1940

Immediate cause of death — Duration
Carcinoma of Pancreas 3 yrs.
Due to
Due to
Other Conditions Acute Heart failure 2 days.
Surgical
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Evelyn E. Liebe M. D.
Address 921 N. Charles St Date signed 12/26/40

75788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 75788 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Edmondson ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Lyle McClintock

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 22 1927

8. AGE: Years	Months	Days	If less than one day
13 18	5	2	hr. min.

9. Birthplace Balto Ind. (Town, county, and state)
10. Usual Occupation School boy
11. Industry or business

FATHER
12. Name G. Alvin McClintock
13. Birthplace Balto - Md.

MOTHER
14. Maiden Name Alice E. Logue
15. Birthplace Nanticoke Md

16 (a) Informant G. Irvin McClintock
(b) Address 3013 Edmondson ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Balto County Md.

18 (a) Funeral director J. J. Morgan
(b) Address 3004 E. Balto St.

DEC 26 1940

Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 19X0, at 1:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-22-40
(c) Where did injury occur? Belair Rd & Edmondson Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell from 9 foot wall & pavement

23. Signature Howard J. Thomas M.D. Medical Examiner.
Date signed 12-24-40

5789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 75789

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or a satisfactory reason for failure to do so. Items correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and number 579 E Lanvale St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Esther Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4324

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Fe	W.	Married 218-09-4324

6 (b) Name of husband or wife Jos. L. Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1887

8. AGE: Years	Months	Days	If less than one day
53		15	hr. min.

9. Birthplace Littlestown Pa
(Town, county, and state)

10. Usual Occupation Presser

11. Industry or business Tailor or clothing Business

FATHER
12. Name ~~Father Franklin~~ Harry Bowers
13. Birthplace Littlestown, Pa.

MOTHER
14. Maiden Name Emma Horner
15. Birthplace Littlestown, Pa.

16 (a) Informant Jos. L. Franklin
(b) Address 5308 Greenberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director Loring Byers.
(b) Address 5005 Pk Heights Ave.

19 (a) DEC 26 1940 (Date rec'd by registrar) (b) Wellington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13, 1940 to 12-24 1940, and that I last saw her alive on 12-23 1940.

Immediate cause of death Pulmonary Infarction — **Duration**

Due to Embolism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendectomy for chronic obl appendicitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.B. Daugherty M.D.

Address Franklin Square Hosp. Date signed 12-24-40

VS 3

75790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940 C

F 75790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Marks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-5122

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie Mae McCain
6 (c) If alive, give age 17 years

7. Birth date of deceased (mo., day, yr.) July 13, 1919

8. AGE: Years	Months	Days	If less than one day
21	5	3 11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Driver
11. Industry or business Consolidated Delivery

FATHER
12. Name John Marks
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mamie Rehmacher
15. Birthplace Baltimore, Md

16 (a) Informant Bessie Mae Marks
(b) Address 1206 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel County

18 (a) Funeral director Frederick A. Pole
(b) Address 1700 W. Lexington St. Baltimore, Md.

19 Filed DEC 26 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1940, at 9:50 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy / inquiry thereon and from the evidence obtained by said autopsy / inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration
Due to Hemorrhage
Due to Severed femoral vessels
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-24-40
(c) Where did injury occur? Motor Emergency Miller Road - Balto. Co., Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Truck Rear end collision, impact with Same

23. Signature Howard J. Wallace M.D. Medical Examiner
Date signed 12-24-40

VS 6

75791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a ✓ Registered No. E 25791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 West Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Haas Brodland

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 101-09-9178

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 41 | Months | Days | If less than one day: hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Tobias Brodland
13. Birthplace Norway

MOTHER
14. Maiden Name Marit Bydland
15. Birthplace Norway

16 (a) Informant Edward Halvorsen
(b) Address Brooklyn

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Brooklyn, New York.

18 (a) Funeral director A. Lee Odey
(b) Address 4644 York Rd. Huntington Williams, M.D.

19 DEC 26 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940 at 2P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to no death on the day stated above.

	Duration
Immediate cause of death: Fracture: base of skull	
Antecedent cause Following Concussion	
Due to Pneumococcus Meningitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide? Accidental
(b) Date of occurrence 12/23/40 (Mo. Day Year) (Hour)
(c) Where did injury occur? Federal Housing Authority (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell down second floor scaffold

23. Signature Wm B Landgriff M.D. Medical Examiner.
Date signed 12/26/40

VS 6

75792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a ✓ F 75792 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Give correct age in every case. Answer all questions. Where information is unknown or not applicable, write the word "unknown" or the abbreviation "N. A." Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 Elliott st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits write RURAL and name town)
(d) Street No. 3030 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Mrs. Sibiski

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-03-0922
4. Sex female
5. Color or race white
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife George A Sibiski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 3 1881
8. AGE: Years 59 | Months 7 | Days 19 | If less than one day: hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation housewife (canning factory)
11. Industry or business —

FATHER
12. Name Jafranska
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland.

16 (a) Informant Geo. A. Sibiski
(b) Address 3030 Elliott st.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/40 (month), (day), (year)
(c) Cemetery or crematory St. Stanislaus Bon
Location Highlandtown
18 (a) Funeral director Stephen J. Trafkowski Jr.
Address 1000 S. Kenwood Ave
19 (a) DEC 26 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 10:06 M
21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to Dec 1940 and that I last saw her alive on Dec. 22 1940

Immediate cause of death Uremia — Duration 7 days
Due to Chronic Interstitial Nephritis — 3 yrs.
Due to Hypertensive Cardiovascular Disease — 5 yrs.
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none done
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eleanor V. LeGrow M.D.
Address 601 S. Ellwood Ave. Date signed 12/23/40

VS 3

75793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ F 75793 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 Woodlawn Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs 10 mo 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Woodlawn Road (If rural give location)
If foreign born, how long in U. S. A.? years

77-14

3 (a) FULL NAME Elizabeth Rebecca Kirks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry B. Kirks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/6/[illegible]

8. AGE: Years	Months	Days	If less than one day
77	3	10	hr. min.

9. Birthplace Chesapeake City, Cecil County, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Ens
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Harry J. Kirks
(b) Address 402 Woodlawn Road

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory Exeter Rural Cemetery
Location Exeter, Penna

18 (a) Funeral director Frederick D. Miller, Inc
(b) Address 3014 E. Monument Street

(a) (Date rec'd by registrar) Washington Boulevard

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25th 1940, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Dec 24 1940, and that I last saw her alive on December 24 1940.

Immediate cause of death Cheyne-Stokes Respiration — Duration about 6 days

Due to Arteriosclerosis of cerebral arteries — Duration last 1½ yrs mainly

Due to Senility mainly

Other Conditions High blood pressure

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sydenham R. Clarke M. D.
Address 1, St. Johns Road, Balto. Md Date signed 12-28-40

8 3

75794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93 ✓ F 75794

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 2 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Landsdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 First Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ETTA MILLIGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Jas. L. Milligan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1877

8. AGE: Years	Months	Days	If less than one day
63		8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Thomas
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary E. ?
15. Birthplace Balto.

16 (a) Informant Mr. John Miller
(b) Address 265 2nd Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director H. M. Cheely
(b) Address 120 E. Fort Ave.

19 (a) DEC 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1940, at 11 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner
Date signed 12-25-40

VS 6

75795 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 75795

CERTIFICATE OF DEATH X/159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME DAVID WILLIAM Ruby Newcomber. If U. S. Veteran specify WAR

(a) Residence: No. Bon Secours Hospital. St., Ward. Govan Md. Arlington, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5:58 PM 12/20/40

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: George Meredith Newcomber

14. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

MOTHER

15. MAIDEN NAME: Thelma Irene Thomas

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Serge Newcomber (Address) Govan, Md

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Dec 28, 1940

19. UNDERTAKER: Thomas W. Sanders (Address) Glen Burnie, Md

20. FILED Dec 27 1940, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1940, to 12/26, 1940

I last saw him alive on 12/26, 1940. Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	12/20/40
Other contributory causes of importance: Prematurity	5 Hrs. days

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward L. J. Haring M. D.

(Address) Bon Secours Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-E

F 75796
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 N. Washington st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Washington st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan H. Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick M. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1872

8. AGE: Years	Months	Days	If less than one day
68	8	11	hr. min.

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edw. T. Phipps
13. Birthplace Md.

MOTHER
14. Maiden Name Lucretia Tyslings
15. Birthplace Md.

16 (a) Informant Frederick M. Brown
(b) Address 1026 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 28 40 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2034 Orleans St

19 (a) Date rec'd by registrar 12 28 1940 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to Dec 25 1940, and that I last saw her alive on Dec 25 1940.

Immediate cause of death	Duration
Myocardial insufficiency	1 yr
Due to Bronchopneumonia	Dec 20
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anna B Lemmon M. D.
Address 718 N Patterson Park Ave Date signed

VS 3

F 75797 F 75797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 75797

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4636 Fall Hill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Boyce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife James (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1859

8. AGE: Years	Months	Days	If less than one day
81	11	11	hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name James Lucas

13. Birthplace ?

MOTHER

14. Maiden Name Sina Wright

15. Birthplace Del.

16 (a) Informant Records

(b) Address Baltimore city Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-40 (month) (day) (year)

(c) Cemetery or crematory Silverbrook

Location Wilmington Del

18 (a) Funeral director Albert W Gengo

(b) Address 440 E. Monument St

DEC 27 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1940, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1940 to 12-23 1940 and that I last saw her alive on 12-23 1940.

Immediate cause of death	Duration
Diabetes Gangrene	
Arteriosclerosis	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry L. Ryder M. D.

Address Bolton Office Hosp Date signed 12-24-40

F 75798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75798 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHRISTOS SOTIRIOCI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
abt 55			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name —
13. Birthplace Greece

MOTHER
14. Maiden Name —
15. Birthplace Greece

16 (a) Informant Greek Orthodox church
(b) Address 2nd Ave - Baxter Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Albert W. Bergey
(b) Address 440 E North Ave

19 (a) DEC 27 1940 (date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940, at 40. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 12-24-40

VS 6

75799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D F 75799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Pelham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Pelham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Alma L. Deetjen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Female	White	Married

6 (b) Name of ~~husband~~ or wife Dr Christian Deetjen
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec 14th 1861

8. AGE: Years	Months	Days	If less than one day
76 77		10	..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name ? Ruppert
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Dr Christian Deetjen
(b) Address 2105 Pelham Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 27th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md

18 (a) Funeral director Henry W Jenkins & Son Co
(b) Address Orchard & Mc Callah Sts

19 (a) [illegible] (b) Huntingtown Williamsport Md

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24th 1940, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Dec 24 1940, and that I last saw him alive on Dec 23 1940

Immediate cause of death Pneumonia

Duration 3 days

Due to —

Due to —

Other Conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Geo E. Deetjen

Address 516 Cathedral St Date signed Dec 26 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before body is removed. Be sure that name and address of informant, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THADDEUS N. CLARK

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-1921

8. AGE: Years	Months	Days	If less than one day
19	9	11	hr. min.

9. Birthplace Baltimore Balto Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Wm. E. Clark
13. Birthplace Balto Md

MOTHER
14. Maiden Name Marie Jenwick
15. Birthplace Balto Md

16 (a) Informant Wm. E. Clark
(b) Address 2027 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory N. Cathedral
Location Balto Md

18 (a) Funeral director Mrs Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Signature of registrar) (b) Hunting H. Williams, M.D.

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 12 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
meningitis, chronic	
Due to Cause undetermined	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 12-26-40

75801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75801

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Spangler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-5

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mrs Finnalge Nichols
(b) Address 4711 Edmondson Ave

17 (a) Burial (b) Date thereof Dec 27 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~crematory~~ Harpers
Location Harpers Ferry West Virginia

18 (a) Funeral director Henry H Withe Jr.
(b) Address 4101 Edmondson Ave

19 (a) Dec 23 1940 (b) Huntington Williamsport Md
(Date rec'd by registrar)

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be supplied, or its absence explained. Please give correct age in years. Especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1940 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940 to 12-25 1940 and that I last saw h/m alive on 12-25- 1940.

Immediate cause of death	Duration
Hypertensive C.V. disease	
Due to Generalized arteriosclerosis.	
Due to	
Other Conditions Chronic passive Congestion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized Arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Bowman M. D.

Address Date signed

75802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-d

F 75802 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division Street

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2126 Druid Hill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roscoe DeW. Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Emma D. Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1883

8. AGE: Years	Months	Days	If less than one day
57	4	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Letter carrier, retired

11. Industry or business U. S. P. O.

FATHER 12. Name Peter Price

13. Birthplace Md.

MOTHER 14. Maiden Name Mary R. Bruce

15. Birthplace Md.

16 (a) Informant Emma D. Price (wife)

(b) Address 2126 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1940 (month) (day) (year)

(c) Cemetery or crematory Arlington Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director John M. Johnson

(b) Address 1700 Druid Hill Ave

DEC 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940, at 7.30 P. M.

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 19 1940 to Dec 24 1940, and that I last saw h alive on Dec 24 1940

	Duration
Immediate cause of death: Pyelo-Nephritis Pneumonia	2 days
Due to: Infection Ulcer Bladder (Non-Malignant)	Indefinite
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Holiday ulcer 7 tumors of Bladder

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bernard Harris, M.D.

Address 2071 N Carrollton Ave Date signed Dec 26 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

F 75803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75803 — 83-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — transcript
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Speedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business -

FATHER — 12. Name John Boho
13. Birthplace ?

MOTHER — 14. Maiden Name Agnes Dettling
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 12 or Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

DEC 27 1940 (Registrar) Hunter & Son Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 7.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Dec 24 1940, and that I last saw him alive on Dec 24 1940.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Cerebral Hemorrhage	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E Northern Date signed Dec 26-40

VS 3

F 75804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5606 Benton Hts Ave St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas N. Spencer

If U. S. Veteran specify WAR .....

(a) Residence: No. 5606 Benton Hts Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie E. Spencer

6. DATE OF BIRTH (month, day, year) Dec. 13. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Spencer

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Lamdin

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT George T. Spencer

(Address) 5606 Benton Hts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 28 1940

19. UNDERTAKER Roff & B. M. Wellard

(Address) 1600 Harlem Ave

20. FILED DEC 27 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to Dec 25 1940

I last saw him alive on Dec 24th 1940 Death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	1938
Other contributory causes of importance:	
Arteriosclerosis	1935
Chronic Myocarditis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Hunicutt M. D.

(Address) 5644 Belair Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3003 F 75805

52-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4307 REIST. RD

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2213 ORLEANS ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) **FULL NAME** LENA LEVIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-8502

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation FACTORY WORKER

11. Industry or business

FATHER

12. Name HARRY LEVIN

13. Birthplace RUSSIA

MOTHER

14. Maiden Name BESSIE

15. Birthplace RUSSIA

16 (a) Informant MRS. KONIGSBERG

(b) Address 2213 ORLEANS ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)

(c) Cemetery or crematory MT. CARMEL

Location GERMAN HILL RD

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Baltimore St

19 DEC 27 1940 (Date rec'd by registrar) (b) Huntington Williams Hall

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/40 19 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1940 to 12-26 1940 and that I last saw her alive on 12-25 1940

Immediate cause of death — Duration

Hypernephroma — 6 mo.

Due to — ovv

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hypernephroma

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Irvin Sauter M. D.

Address 3003 Garrison Blvd Date signed 11-27-40

VS 2

75806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 75806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. If any cannot be ascertained, state the fact. Physicians: please write the causes of death clearly and legibly. Dec 2 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Rosedale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Rosedale St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Marian Gertrude Disharoon

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-6124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John E. Disharoon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1875

8. AGE: Years	Months	Days	If less than one day
65	1	3	hr. min.

9. Birthplace Oriole, Somerset Co. Md. (Town, county, and state)
10. Usual Occupation Alteration Dept
11. Industry or business Schleisner Co.,

FATHER
12. Name Thomas Wm. Smith
13. Birthplace Somerset Co. Md.

MOTHER
14. Maiden Name Catherine S. Phoebus
15. Birthplace Somerset, Co. Md.

16 (a) Informant Miss Katharine P. Disharoon
(b) Address 1615 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) (Date received by registrar) (b) Registered number

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1940, to Dec. 25 1940, and that I last saw her alive on Dec. 24 1940.

Immediate cause of death: Carcinoma of gallbladder — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations May 7, 1940
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. A. Kniipp M. D.
Address 3030 Edmondson Ave. Date signed Dec. 27

75807 ✓ F 75807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Whittier Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Whittier Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN G. RHODE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Rhode
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): September 6, 1863

8. AGE: Years 77 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Grocery Business
11. Industry or business: Self

FATHER
12. Name: Martin Rhode
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Elizabeth Rhode
(b) Address: 2015 Whittier Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Maryland
(d) Funeral director: Wm. J. Tickner & Sons,
Address: North & Pa. Avenues

DEC 27 1940

19 (a) (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940, to Dec 24 1940, and that I last saw h[illegible] alive on Dec 24 1940.

Immediate cause of death: Metastatic Malignancy of the dorsal vertebrae
Due to: Carcinoma of Breast

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. N. Rutterman M.D.
Address: 2324 Reisterstown Rd. Date signed: 12/26/40

75808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V

Registered No. E 75808

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Gait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary V. Graham

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry Graham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): About 1869

8. AGE: Years	Months	Days	If less than one day
About 71			hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Laurence McHugh
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Annie Knight
15. Birthplace: Ireland

16 (a) Informant: Miss Mary McHugh
(b) Address: 3413 Mondawmin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) Filed DEC 27 1940 (b) (Date rec'd by registrar) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940 at 11 a. m. 30

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came ... death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Vandersloot M.D. Medical Examiner

Date signed 12/26/40

75809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E ✓ F 75809 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Pentenstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 20 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Millbrook Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Elizabeth M. Miller

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Augustus Miller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 2, 1872

8. AGE: Years	Months	Days	If less than one day
68	9	4	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Weeks
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Friedberger
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. J. E. Brumbrook
(b) Address 5 Millbrook Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road 3801

18 (a) Funeral director John Quintell Sons
(b) Address 1900 Eutaw Place

(a) (Date rec'd by registrar) Dec 27 1940 Registrar Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1940, at 4:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1938, to Dec 25 1940, and that I last saw her alive on Dec 25 1940.

	Duration
Immediate cause of death: Myocardial Decompensation	48 hrs
Due to: General arteriosclerosis	?
Due to	
Other Conditions: Involutional Psychosis melancholia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin P. Hagner M. D.
Address 2326 Frederick Ave Date signed

352 706
75810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ Registered No. F 25810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2~~ Homewood Apts (If rural give location) 4 yrs
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L. Johnson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-77

8. AGE: Years	Months	Days	If less than one day
63	5	17	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Lentz
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Goddard
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Balto Co.

18 (a) Funeral director Jos Crutchfield Sons
(b) Address 904 Eutaw Place

19 (a) (b) Name of reg'd by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940 at 5-40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1940 to Dec 26 1940 and that I last saw ~~he~~ she alive on Dec 26 1940.

Immediate cause of death: Carcinoma of breast with multiple metastases — Duration: 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Previous operation confirmatory
Of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Briggs M.D.
Johns Hopkins Hospital Date signed 12/26/40

PLEASE WRITE PLAINLY, with UNFADING INK, and correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

F 75811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No. F 75811

PLEASE WRITE PLAINLY, with unfading ink. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. Give information requested on all lines, or state definitely that it cannot be obtained. Do not abbreviate. Use figures for dates. Be sure that your answers are full, complete and correct as to each person. Underline the cause to which death should be charged statistically. Sign your full name, not initials.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Sheppard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1866

8. AGE: Years	Months	Days	If less than one day
74	9	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Smith
13. Birthplace Md

MOTHER
14. Maiden Name Matilda ?
15. Birthplace Md.

16 (a) Informant James R. Sheppard
(b) Address 1128 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location Arbutus, Md.

18 (a) Funeral director Mrs. J. A. Elliott & Daughter
(b) Address 1129 N. Carolina St.

DEC 27 1940 (Date rec'd by registrar) Herrington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 9 h. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Dec 25 1940, and that I last saw h[illegible] alive on Dec 24 1940.

Immediate cause of death

	Duration
Chronic Interstitial Nephritis	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1126 Druid Hill Ave Date signed 12/28/40

F 75812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No.

F 75812

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that every question is answered. Please give information requested in every space. Be sure that the cause of death is stated so that it can be understood by a layman. Please report immediately any contagious disease. Please report promptly any death. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Simpson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Simpson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nannie Palmer
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 17, 1872

8. AGE: Years 68 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Northumberland Va (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Fletcher Palmer
13. Birthplace Va

MOTHER
14. Maiden Name Sallie Garrison
15. Birthplace Va.

16 (a) Informant Nannie Palmer
(b) Address 2817 Simpson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Ac. & Chesapeake Md.

18 (a) Funeral director Mrs. R. E. Elbert & Daughter
(b) Address 112 W. Lanvale St.

19 (a) Filed DEC 27 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1940, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17, 1940, to Dec. 24, 1940, and that I last saw h/m alive on Dec. 24, 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 6 days
Due to: Hypertension Chronic Nephritis
Due to:
Other Conditions: Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marvel Adams M. D.
Address 312 E 23rd St. Date signed 12-26-40

VS 8

F 75813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 75813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 Lewis St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Lewis St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Houston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife John Houston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1876

8. AGE: Years	Months	Days	If less than one day
64	7	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaiah Green
13. Birthplace Md

MOTHER
14. Maiden Name Martha Curry
15. Birthplace Md

16 (a) Informant Fannie Green
(b) Address 1604 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1940 to 12-24 1940 and that I last saw h alive on 19

Immediate cause of death: Hypertensive cardiovascular disease — Duration: 4 yrs

Due to

Due to

Other Conditions: abdominal adhesions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: femoral & umbilical hernias
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St. Date signed 12-26-40

Rayner Browne

F 75814

61428 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-1

Registered No. F 75814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E. Biddle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry West

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-12-9374

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/1880

8. AGE: Years	Months	Days	If less than one day
60	5	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER
12. Name Samuel west (d)
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Bessie
15. Birthplace Balto. Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave & Gay St.

18 (a) Funeral director John A. Miller
(b) Address 1334 Jefferson St.
(Name signature and address supplied by registrar) Huntington Williams, M.D. Registrar

27 Dec

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1940, at 12.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1940, to 12-24 1940, and that I last saw him alive on 12-24 1940.

Immediate cause of death Carcinoma of mandible
Due to Pneumonia
Due to
Other Conditions

Duration 18 mo. 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rayden M. D.
Address Balto City Hosp. Date signed 12-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

75815

HEALTH DEPARTMENT—CITY OF BALTIMORE

75815

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Thomas McCardell

If U. S. Veteran specify WAR ____

(a) Residence: No. 1725 Madison Ave. St., 14-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie McCardell

6. DATE OF BIRTH (month, day, year) July 21, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Peter McCardell

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Carrie McCardell

(Address) 1725 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary, Date Dec 28, 19 40

19. UNDERTAKER A. Hahn & Sons Funeral Home

(Address) 1911 Pennsylvania Ave

20. FILED Dec 27 1940 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1940 to Dec 25, 1940

I last saw him alive on Dec. 25, 1940. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Abscess	
Arteriosclerosis	12/18/40

Other contributory causes of importance:

Peptic Ulcer Appendicitis

Was an operation performed? Yes Date of 12/19/40

For what disease or injury Perforated Ulcer of Appendix

Name of operation Drainage of Appendix

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Nathan Higgins M. D.

(Address) 2241 Madison Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 27 1940

5816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 75816

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 W 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 710 W 33rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. George

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Addie George.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May ? 1881

8. AGE: Years 59 | Months 7 | Days | If less than one day: hr. min

9. Birthplace: maryland (town, county, and state)

10. Usual Occupation: Labour.

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Milton H. George
(b) Address: 710 W 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~: St. Marys.
Location: Hampden

18 (a) Funeral director: E. Kenward & Donovan
(b) Address: 3615-17 Eastern Ave

19 (a) 12-27-1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940 at 11:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Williams & Galbraith M.D. (Medical Examiner)
Date signed 12/27/40

75817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91B ✓ F 75817 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1255 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balto
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 William St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Angela K Miller

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jacob J. Miller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 20-1873

8. AGE: Years	Months	Days	If less than one day
67	3	6	hr. ____ min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name William Hunt
13. Birthplace Not known

MOTHER
14. Maiden Name Rosa ?
15. Birthplace Not known.

16 (a) Informant William H. Miller
(b) Address 1255 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 30-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-A-C

18 (a) Funeral director Bernard C Hartle.
(b) Address 121 E West St

19 (a) Date received DEC 27 1940 (b) Registrar's signature Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 26th 1940, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940 to Dec 26 1940 and that I last saw h.r alive on Dec 26 1940

	Duration
Immediate cause of death: Acute Endocarditis	15 days
Due to: Arterio Sclerosis	3 mos
Due to: Hypertension Arterial	3 mos.
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. O. Williams M. D.
Address 1279 William St Date signed 12/27/40

290515
75818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194-d

F 75818

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel W. Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-9-50

8. AGE: Years	Months	Days	If less than one day
90	10	16	hr. min.

9. Birthplace Tenn (Town, county, and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER
12. Name Daniel Hayes
13. Birthplace Tenn

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Tenn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn Cem

Dec 27

(a) Funeral director George S. Nelson
(b) Address 1303 Priestman St

19 (a) 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940 at 9 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1940 to Dec 25 1940 and that I last saw h alive on Dec 25 1940.

Immediate cause of death Acute Coronary occlusion — Duration 10 minutes

Due to

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Shaw P. Aspey, Jr. M. D.
Address Johns Hopkins Hosp. Date signed 12-25-40

VS 3

75819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75819

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	W

6 (b) Name of husband or wife Clinton

6 (c) If alive, give age de years

7. Birth date of deceased (mo., day, yr.) June 14, 1889

8. AGE: Years	Months	Days	If less than one day
51	6	12	hr. min.

9. Birthplace Anne Arundel Co Md (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business Domestic

FATHER 12. Name Samuel Spriggs

13. Birthplace Anne Arundel Co, Md

MOTHER 14. Maiden Name Harriet Parker

15. Birthplace Anne Arundel Co Md

16 (a) Informant Laura Cummings, daughter

(b) Address 625 Pitcher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-40 (month) (day) (year)

(c) Cemetery or crematory

Location Mt Auburn Cem

18 (a) Funeral director George F. Nelson

(b) Address 1303 Pennsylvania Ave

19 (a) (b) Registrar

(Date rec'd by registrar)

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 10:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. VanDeWiele M.D.
Medical Examiner.
Date signed 12/26/40

VS 6

75820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 75820 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Riggs ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-17-40

8. AGE: Years	Months	Days	If less than one day
	11	9	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James Morgan
13. Birthplace N C.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant James Morgan
(b) Address 1721 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-40 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director Geo. L. Nelson
(b) Address 1303 Pennsylvania Ave

19 DEC 27 1940 (Date rec'd by registrar) Hunter & Hill

VS Form 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940, to 12-26 1940, and that I last saw h[illegible] alive on 12-26 1940.

Immediate cause of death: acute gastro enteritis — Duration: 1 week

Due to:

Due to:

Other Conditions: Carcinoma of [illegible] & Lung, Secondary Neoplasm

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Townshend Jr. M. D.
Address University Hospital Date signed 12-26-40

75821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-M E 75821

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY HEVENS Heavens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife John Heavens
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 1891

8. AGE: Years	Months	Days	If less than one day
49 50	10	27	hr. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thos Jefferson
13. Birthplace Lancaster Co Va

MOTHER
14. Maiden Name Mary Susan Curry
15. Birthplace Lancaster Co Va

16 (a) Informant America Palmer
(b) Address 628 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A a Co Md

18 (a) Funeral director Robert E Williams
(b) Address 615 McElderry St

19 (a) (Date rec'd by registrar) DEC 27 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 3 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenwaber Asst Medical Examiner M.D.
Date signed 12-26-40

VS 6

75822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 186-W

F 75822 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W Elm Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES EBERT

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	213-05-5583

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1891

8. AGE: Years	Months	Days	If less than one day
49		24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Broom Maker

11. Industry or business

FATHER
12. Name William Ebert
13. Birthplace Germany

MOTHER
14. Maiden Name Leana Herbick
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Sterns.
(b) Address 1 West Elm Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 North Broadway.

DEC 27 1940 Huntington Williams M.D. Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hemothorax, right	
Due to Fracture of ribs	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 24, 1940
(c) Where did injury occur? 1 W. Elm Ave. Balto (City or town) (County) (State)
County Md
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury fell down steps of home

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-25-40

VS 6

B 75823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75823 Registered No. 83-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Home For Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs 8 mos 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. Home For Incurables (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennette Sylvia Walnut
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/4/1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	10	21		

9. Birthplace Champlain, New York. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Sixth Intermediate School

FATHER
12. Name Egbert Edmond Walnut
13. Birthplace Champlain, New York.

MOTHER
14. Maiden Name Imogene Jeanne Russell
15. Birthplace Shelburne, Vermont

16 (a) Informant Mrs. Wheatley
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. Clinton Cook
(b) Address 217 St. Paul St.

19 (a) 12-27-40 (Date received by registrar) (b) Huntington, Md. 8 cpls

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH December 25 1940, at 8 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1934, to 12/25 1940, and that I last saw her alive on Dec. 24 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 Years
Due to: Hypertension & Arteriosclerosis — 8 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Hersperger M. D.
Address 214 Medical Arts Bldg. Date signed 12/25/40

F 75824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

F 75824 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver St.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3708 Ridgecroft Road (If rural give location)

(e) If foreign born, how long in U. S. A.? 60 years

3 (a) **FULL NAME** Dominic Folio.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Margaret Folio.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1859

8. AGE: Years	Months	Days	If less than one day
~~about 70~~ 81	8	9	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation General Contractor

11. Industry or business Buildings.

FATHER

12. Name Leonard Folio.

13. Birthplace Italy.

MOTHER

14. Maiden Name unknown

15. Birthplace Italy.

16 (a) Informant Mrs. Margaret A. Venick

(b) Address 3708 Ridgecroft Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12 28 40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. City.

18 (a) Funeral director Co-Operative Funeral

(b) Address 46 Park Heights Ave. Huntingdon Pottsville, Md.

19 (a) (Signature of Registrar) (b) Registrar

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 26 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 21 1940, to 12 - 26 1940, and that I last saw h. alive on 12 - 26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive C-V disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.

Address St. Joseph's Hosp. Date signed 12-26-40

F 75825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 12-B

F 75825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Howard

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7059

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18-1890

8. AGE: Years	Months	Days	If less than one day
50	11	5	hr. min.

9. Birthplace Marley P O Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Howard
13. Birthplace A A Co Md

MOTHER 14. Maiden Name Mary Jackson
15. Birthplace A A Co Md

16 (a) Informant Emma Howard
(b) Address Marley P. O Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (month) (day) (year)
(c) Cemetery or crematory Marley Neck Ct
Location A. A. Co Maryland

18 (a) Funeral director Isaiah L. Brownston
(b) Address 108 W Montgomery St

DEC 27 1940

(b) Filed Dec 27 1940 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20

20. DATE OF DEATH 12 - 23 - 1940, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1940 to 12-23 1940, and that I last saw h alive on 12-23 1940

Immediate cause of death Tuberculous Meningitis — Duration

Due to Miliary Tuberculosis

Due to Pulmonary Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 12-24-40

75826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131-a

75826

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Fairview Avenue St. 15-9 (Ward)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH SCHMIDT

(a) Residence: No. 4107 Fairview Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ernest Schmidt

6. DATE OF BIRTH (month, day, year): Oct. 9th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John Fenge

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Katherine E. Elliott

(Address): 4107 Fairview Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: Dec. 28th 1940

19. UNDERTAKER: J. Thamoraw

(Address): 1005 West Baltimore Street

20. FILED DEC 27 1940, Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1940, to Dec 24, 1940

I last saw h[illegible] alive on Dec 24, 1940. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Collapse —	36 hrs
Other contributory causes of importance: Cardio vascular renal disease	10 yrs

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. Bowman Hood, M. D.

(Address) 2200 Jarrow Blvd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

75827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 75827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2602 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose F. Burlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1921

8. AGE: Years	Months	Days	If less than one day
19	2	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Burlin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hoffstetter
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address 2602 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.

19 (a) Date received DEC 27 1940 (b) Registrar Huntington Nitkin, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 1940, to Dec. 25 1940, and that I last saw her alive on Dec. 24 1940.

Immediate cause of death Phthisis Pulmonalis — Duration 6 Mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Fitzgerald M. D.
Address 1613 E. Madison St. Date signed 12-27-40

N

75828 36893-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 75828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 29 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 W. West St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Kauton or Mike Kutin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 52 | Months - | Days - | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Nicholas
13. Birthplace Russia

MOTHER
14. Maiden Name Unk.
15. Birthplace Russia

16 (a) Informant Balto. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md.

18 (a) Funeral director John A. Gretkiewicz Jr.
(b) Address 423 S. Paca St.

19 (a) (Date rec'd by registrar) (b) H. B. to Nilsen M.D.

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 25 - 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 26 - 1940 to 12 - 25 - 1940 and that I last saw h[illegible] alive on 12 - 26 - 1940.

Immediate cause of death: Cardiac failure — Duration: ?

Due to: Hypertension Cl'D — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12-26-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given or entry supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 38862 F 75829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a F 75829 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Casmir Bokaz
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-9927

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-'89

8. AGE: Years	Months	Days	If less than one day
51 87	9	21	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Anthony Bokaz
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Prusenski
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave
18 (a) Funeral director John J. Reida
(b) Address 2828 Hudson St
(c) Filed by [illegible] Registrar
(d) DEC 27 1940 (Insert date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1940 to Dec 25 1940 and that I last saw him alive on Dec 25 1940

Immediate cause of death ? Subacute Bacterial Endocarditis — Duration 6 Mos
Due to
Due to
Other Conditions Macrocytic anemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Billings Jr. M. D.
Address J. H. Hospital Date signed 12-25-40

VS 3

F 75830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 F 75830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Care is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JAMES & CAROLINE STS
(c) Hospital or institution: ST. JOSEPHS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 S. KENWOOD AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARGARET DOYLE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) AUG. 20-1872

8. AGE: Years	Months	Days	If less than one day
68	4	5	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name MARTIN DOYLE
13. Birthplace IRELAND

MOTHER
14. Maiden Name SUSAN McNamara
15. Birthplace IRELAND

16 (a) Informant MARTIN DOYLE (BROTHER)
(b) Address 1021 S. KENWOOD AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 28/40 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director Lilly Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 (a) DEC 27 1940 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1940, to 12/25 1940, and that I last saw h.er alive on 12/25 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 DAYS.
Due to Cerebral Arteriosclerosis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John C Baier M. D.
Address St Josephs Hosp Date signed 12-25-40

75831
387474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-E

F 75831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Calvert (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr William J A Bliss

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith G West
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1-22-67

8. AGE: Years	Months	Days	If less than one day
73	11	5	hr. min.

9. Birthplace D.C.
10. Usual Occupation Retired Professor
11. Industry or business Johns Hopkins

FATHER
12. Name Alexander Bliss
13. Birthplace Mass

MOTHER
14. Maiden Name Eleanor Albert
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore City

18 (a) Funeral director Kenny H Jenkins & Sons Co
(b) Address McCulloh & Orchard Sts

(Date rec'd by registrar) Dec 28 1940 Washington Williams, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 255 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1940, to Dec 27 1940, and that I last saw him alive on Dec 27 1940.

Immediate cause of death: Peritonitis - fecal fistula - following resection of Carcinoma of hepatic flexure of colon — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of hepatic flexure of colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Monroe Mason III M. D.
Address Johns Hopkins Hospital Date signed 12-27-40

F 75832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 75832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 E Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 E Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN FLAHERTY

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband or~~ wife Emma Flaherty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Freight Agent
11. Industry or business (Steamship Co.)

FATHER
12. Name John F Flaherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McGuire
15. Birthplace Ireland

16 (a) Informant Mrs Nancy Polk
(b) Address 414 E Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E 20th St.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

DEC 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940 at 11:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H K Wallenmeier M.D.
Attending and Medical Examiner.
Date signed 12-28-40

75833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

Registered No. 75833

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1358 Strickler St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 1358 N. Strickler St. Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Silas Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Minnie Taylor

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1881

8. AGE: Years	Months	Days	If less than one day
59		1	hr. min.

9. Birthplace Lancaster Co Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Fish Factory

FATHER 12. Name Wm. Taylor

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Charlotte Wilson

MOTHER 15. Birthplace Va

16 (a) Informant Delia Green

(b) Address 1358 Strickler St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-40 (month) (day) (year)

(c) Cemetery or crematory

Location Lancaster Co Va

18 (a) Funeral director George B. Kelly

(b) Address 1203 Pennsylvania Ave

DEC 27 1940 Huntington Williams M.D. (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1940, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1940, to 12-26 1940, and that I last saw him alive on 12-26-1940

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Influenza	9 days
Due to	
Other Conditions Cerebral hemorrhage	yrs. mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Burt A. Saunders M. D.

Address 1014 N. Strickler St Date signed 12-26-40

VS 3

F 75834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Abell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 84 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Abell Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

12

3 (a) FULL NAME Ambrose B. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine E. ---
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 30, 1856

8. AGE: Years	Months	Days	If less than one day
84	4	25	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Benjamin Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth ------
15. Birthplace Maryland

16 (a) Informant Ambrose Smith
(b) Address 3013 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) DEC 27 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 6:39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to Dec 25 1940, and that I last saw h.im alive on Dec 25 1940.

Immediate cause of death	Duration
Myocarditis	Not Known
Due to Usual causes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None
(c) Where did injury occur? No injury (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No injury (Specify type of place) While at work? No
(e) Means of injury None

23. Signature Edward P. Smith M. D.
Address 920 St. Paul St. Date signed 12/27/40

F 75835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

Registered No. F 75835

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
10
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Colwell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Bernard
13. Birthplace ?

MOTHER
14. Maiden Name Bridget ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wendfield
(b) Address 94[illegible]

19 (a) DEC 28 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1940 at 5 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-10 1940 to Dec 26- 1940 and that I last saw her alive on Dec 24- 1940

Immediate cause of death	Duration
Chronic Interstitial nephritis	5 yrs
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed Dec 27-40

VS 8

75836

F 75836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 571 Alford

(c) Hospital or institution .....

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 571 Alford St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Martha Scott

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Married

6 (b) Name of husband or wife Charles Scott

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 15, 1909

8. AGE: Years	Months	Days	If less than one day
31	7	9	..... hr. ..... min.

9. Birthplace Chestertown Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business .....

FATHER

12. Name Laurence Blake

13. Birthplace Chestertown Md

MOTHER

14. Maiden Name Estelle Johnson

15. Birthplace Chestertown Md

16 (a) Informant Jennie Anderson

(b) Address 1003 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1940 (month) (day) (year)

(c) Cemetery or crematory Georgetown, Md.

Location Kent Co.

18 (a) Funeral director Mrs Kate R Williams

Address 322 N Schroeder St

19 (a) DEC 28 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1940 to Dec 24 1940, and that I last saw h[illegible] alive on Dec 24 1940.

Immediate cause of death Lobar Pneumonia

Duration 4 Hrs

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature [illegible]

Address [illegible] Date signed [illegible]

75837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12 Mar F 75837

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 McKean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 McKean Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George T. Dietz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary A. Dietz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23rd 1871

8. AGE: Years	Months	Days	If less than one day
69	5	4	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Druid Hill Park

FATHER
12. Name Toha Dietz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Dranicht
15. Birthplace Germany

16 (a) Informant Mary A. Dietz
(b) Address 1718 McKean Ave

17 (a) Burial (b) Date thereof 12 30 40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1219 St Paul St

19 (a) Dec 28 1940 (b) [illegible] for William Cook
(Date received by registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1940, at 4.2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Dec 26 1940 and that I last saw h~~im~~ alive on Dec 26 1940.

Immediate cause of death	Duration
Valvular heart disease (Aortic Insufficiency)	18 Months
Due to	
Due to	
Other Conditions Pneumonia Terminal (Acute)	2 Days

(Include pregnancy within 3 months of death)

Major findings:
Of operations (C)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (C)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Thurston M. D.
Address 1301 Eutaw Place Date signed 12/27/40

75838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 100-D

Registered No. F 75838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3341 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3341 Windsor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertie Cecilia Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 15th 1889

8. AGE: Years	Months	Days	If less than one day
51	1	11	hr. min.

9. Birthplace Queen Annes Co Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Charles Tucker
13. Birthplace Queen Annes Co. Md.

MOTHER
14. Maiden Name Alice Cecilia Kendall
15. Birthplace Queen Annes Co. Md.

16 (a) Informant Nettie Kendall
(b) Address 3341 Windsor Ave

17 (a) Burial (b) Date thereof 12 30 40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ David Ridgely
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 28 40 (b) Huntington Williams
(Date received by registrar) (Registrar)

DEC

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26th 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25 1940 to 12/26 1940, and that I last saw h alive on 12/26 1940

Immediate cause of death Pulmonary embolism — Duration 45 min.

Due to Thrombophlebitis, rt Leg. — 3 days ?

Due to

Other Conditions Bronchial Asthma — 12 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Peter
Address 3408 Windsor Ave Date signed 12/27/40
M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B 25839 Registered No.

5829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Home for Aged of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

21-15

3 (a) FULL NAME Clara B. Whitehurst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James R. Whitehurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10th 1866

8. AGE: Years	Months	Days	If less than one day
74	0	16	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name James Sill
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Alliamia Poole
15. Birthplace Balto Md

16 (a) Informant Records Home for Aged
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Loudon Park
Location Balto Md

18 (a) Funeral director Wm Bork
(b) Address 1217 E Pratt St

DEC 28 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26th 1940, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940 to Dec 26 1940, and that I last saw her alive on Dec 26 1940

Immediate cause of death Left Hemiplegia

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh E. Shannon M.D.
Address 700 N. Fulton Ave Date signed 12/26/40 M. D.

F 75840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No.

F 75840

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES WARREN ROHRER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Peace - time	235-18-7895	M	W	married

6 (b) Name of husband or wife Eleanor Lee
6 (c) If alive, give age 29 years
7. Birth date of deceased (mo., day, yr.) 2/4/1905

8. AGE: Years	Months	Days	If less than one day
35	10	20	hr. min.

9. Birthplace Beaver Creek, Md (Town, county, and state)
10. Usual Occupation Attendant
11. Industry or business Calhoun Motors Co

FATHER
12. Name ? Rohrer
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name ? McPherson
15. Birthplace Hagerstown Md

16 (a) Informant Eleanor Lee Rohrer
(b) Address 226 W Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 Dec 28 1940 (Date received by registrar) (b) Huntington, Md. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1940, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 24, 1940
(c) Where did injury occur? Druid Hill Parkway near Poplar Lane (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury fall off truck (Auto)

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-26-40

F 75841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 75841
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14th

3 (a) FULL NAME Ellen Gleason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1867

8. AGE: Years about 73 | Months | Days | If less than one day hr. min.

9. Birthplace Bentley Springs Balto Co. Md (Town, county and state)

10. Usual Occupation Cook

11. Industry or business Philip Turner

FATHER
12. Name Thomas Gleason
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Barry
15. Birthplace Ireland

16 (a) Informant Mrs Philip Turner
(b) Address 1014 W Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Josephs
Location Govans Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

19 (a) 12-28-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940 at 10:55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h death on the day stated above.

Immediate cause of death Bronchio-pneumonia — Duration 3 days
Due to —
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J McGrath M.D. Medical Examiner.
Date signed 12/28/40

75842

38979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-2

F 75842 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Violet Elizabeth Garner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-03

8. AGE: Years	Months	Days	If less than one day
37	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Levi Fellman
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda Pitts
15. Birthplace Md.

16 (a) Informant Reards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 N. Biddle St.

19 (a) DEC 28 1940 (Date rec'd by registrar) (b) Huntington Milwaukee, Wis. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 4 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1940 to Dec 24 1940, and that I last saw her alive on Dec 24 1940.

Immediate cause of death Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address Johns Hopkins Hosp. Date signed 12-24-40

VS 3

F 75843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 75843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 West 25th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 W. 25th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howell N. Allen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ann E. Allen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1867

8. AGE: Years	Months	Days	If less than one day
73		29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name William Allen
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Kent
15. Birthplace Virginia

16 (a) Informant Maybia Allen
(b) Address 138 West 25th Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Road

18 (a) Funeral director H. S. Manghall
(b) Address 3939 Falls Road

19 (a) 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1- 1939, to Dec. 26 1940.
and that I last saw h alive on Dec 26 1940.

Immediate cause of death Chronic Hypoplastic Anemia — Duration indef

Due to

Due to

Other Conditions Senile Debility — Friday

Pernicious (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Rahe M.D.
Address 117 W. 25 St Date signed Dec 27 40

VS 3

F 75844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75844 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 South Ann Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 South Ann Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Frank Pilachowski (or Francis Pulaski)

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Pilachowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 4th 1871

8. AGE: Years	Months	Days	If less than one day
69	2	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Water tender
11. Industry or business Baltimore Transit

FATHER
12. Name Michael Pilachowski
13. Birthplace Poland

MOTHER
14. Maiden Name Marcyanna Suplicka
15. Birthplace Poland

16 (a) Informant Mary Pilachowski
(b) Address 707 South Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem!
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 South Ann Street

19 (a) [illegible] (Filed by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27th 1940 at 1.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1931 to Dec. 27 1940. and that I last saw h[illegible] alive on Dec. 26 1940.

Immediate cause of death: Myocarditis — Duration: 1 mos.
Due to: Arthritis deformans
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1812 N Broadway Date signed

F 75845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 75845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1545 Abbotston Street,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67/2/14

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Abbotston Street,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARCHIE I. ENSON WEBSTER, SR.,

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8689A.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Webster,
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Foreman,
11. Industry or business Crockery,

FATHER
12. Name Don't know,
13. Birthplace Don't know

MOTHER
14. Maiden Name Don't know
15. Birthplace Don't know,

16 (a) Informant Archie I. Enson Webster, Jr.,
(b) Address 2329 Arunah Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood,
Location Parkville, Md.

18 (a) Funeral director John Cellers
(b) Address 2008 Orleans St.,

Received by registrar Huntington Williams, M.D. Registrar

88 vs 40

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1936, to Dec 26 1940 and that I last saw h/m alive on Dec 26 1940

Immediate cause of death Arteriosclerotic Cardio Vascular Renal Disease

Duration: June 27 1936

Due to

Due to

Other Conditions Cardiac Decompensation with Anasarca 12/7/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas W. Edwards M. D.
Address 2746 Alameda Date signed 12/27/40

F 75846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-N

Registered No. F 75846

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address OLIVER & CAROLINE STS.

(c) Hospital or institution: ST. JOSEPH'S

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1727 N. BROADWAY (If rural give location)

(e) If foreign born, how long in U. S. A.? years

8-b

3 (a) **FULL NAME** HENRY BORMANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife Minnie Bormann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1872

8. AGE: Years	Months	Days	If less than one day
68	7	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mineral Water

11. Industry or business Business

FATHER — 12. Name Henry Bormann

13. Birthplace Germany

MOTHER — 14. Maiden Name Caroline Menke

15. Birthplace Germany

16 (a) Informant Mrs Minnie Hellen

(b) Address 1727 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2005 Eastern Ave

19 (a) Date rec'd by registrar (b) Registrar Huntington Williams

DEC 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1940, at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1940 to 12/27 1940, and that I last saw him alive on 12/26 1940.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to Hypertensive Cardio-Vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry T. Wilson, Jr. M. D.

Address St. Joseph's Hosp. Date signed 12-27-40

F 75847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

F 75847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Home for Incurable
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Marcus (Julius H. Marcus)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1859

8. AGE: Years 81 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business wool business

FATHER
12. Name Henry Marcus
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Samuel
15. Birthplace Germany

16 (a) Informant Home for Incurable Board
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Beth Shalom
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim Son
(b) Address 1702 Eutaw Place

19 (a) Date received by registrar 12-28-40 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1940, to 12-28 1940, and that I last saw him alive on 12-27 1940

Immediate cause of death: Bronchial Pneumonia — Duration 12-26-40

Due to:

Due to:

Other Conditions: Arteriosclerosis, Cardio Vascular Disease, Carcinomatosis of Prostate — Unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Cullen M.D.
Address 11 E. Chase St Date signed 12-28-40

75848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓

Registered No. F 75848

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910-Washington Blvd
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 60-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910-Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME George Freoh

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Louisa K. (Thomas)
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 1/16/1869

8. AGE: Years	Months	Days	If less than one day
81	11	10	--- hr. --- min.

9. Birthplace Martinsburg, W.Va. (Town, county, and state)
10. Usual Occupation Retired-Candy-maker
11. Industry or business

FATHER
12. Name ? Freoh
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace W.Va.

16 (a) Informant Lloyd Freoh
(b) Address 910-Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1725-Harford Ave

19 DEC 28 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1- 1940 to 12/26 1940 and that I last saw h[illegible] alive on 12/26 1940

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Cohen M. D.
Address 2145 W Balto St Date signed 12/26/40

VS 3

F 75849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 75849

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland W.

(b) Street address 1101 Lanvale St

(c) Hospital or institution:

No

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1101 Lanvale St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unnamed (Infant of Hadyn Francisco)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			5 hr. 3 min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Christopher Jones

13. Birthplace England

MOTHER 14. Maiden Name Hadyn Francisco

15. Birthplace Baltimore, Md.

16 (a) Informant Hadyn Francisco

(b) Address 1101 Lanvale St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 28 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Myers

19 DEC 28 1940 (b) Huntington Williams, M.D.

(Date received by registrar) 6140

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1940, to 12/26 1940, and that I last saw h alive on 12/26 1940.

Immediate cause of death Premature birth 2 mos.

Due to intra uterine traumatism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 51 N Glover Date signed 12/27/40

F 75850

390293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 ✓ F 75850 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 - S Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Anna Beran

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	White	

6 (b) Name of husband or wife John Beran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-63

8. AGE: Years	Months	Days	If less than one day
77	5	11	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation — Housewife
11. Industry or business at Home

FATHER	12. Name Frank Persin
	13. Birthplace Bohemia
MOTHER	14. Maiden Name Barbara Persia
	15. Birthplace Bohemia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozgenski
(b) Address 1930 Eastern Ave Balto

19 (a) Dec 28 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940 at 8 1/2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940 to Dec 27 1940. and that I last saw her alive on Dec 27 1940.

Immediate cause of death Pulmonary thrombosis - perforated — Duration 3 days
Due to gall stones
Due to
Other Conditions Compression fracture ? Thoracic vertebrae (Including pregnancy within 3 months of death)
Major findings: Of operations Pulmonary thrombosis - perforation
Of autopsy

Duration 10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Clemens
Address Marcus M. Rentz John Hopkins Hosp. Date signed Dec 28 1940 M.D.

VS 2

(over)

F 5851 er

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 5851 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Chester (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Vilhemina Vasicek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Vasicek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1851

8. AGE: Years	Months	Days	If less than one day
89	2	7	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Janacek
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant John Vasicek
(b) Address 612 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29/40 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Baltimore

18 (a) Funeral director Frank Crack & Son
(b) Address 900 Chester & Ashland Ave
(c) Filed DEC 28 1940 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1940, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Dec 26 1940 and that I last saw alive on Dec 25, 1940.

Immediate cause of death	Duration
Myocardial Degeneration	7
Due to Arteriosclerosis generalized	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klemer M. D.
Address 2623 E. Monument Date signed 12/26/40

VS 3

F 75852 ✓ F 75852

1212 N Patterson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Mary Novak

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank Novak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1871

8. AGE: Years	Months	Days	If less than one day
69	5	20	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Sevela
13. Birthplace Austria

MOTHER
14. Maiden Name Not known
15. Birthplace Austria

16 (a) Informant Frank Novak
(b) Address 2405 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md.

18 (a) Funeral director Frank Roach & Son
(b) Address 900 N. Chester St

19 (a) 12-28-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 0 1937 to Dec 27 1940 and that I last saw her alive on Dec. 20 1940.

Immediate cause of death Coronary Thrombosis — Duration 2 years

Due to Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Karl Grossman M. D.
Address 1212 N. Patterson Park Ave Signed 12/27/40

75853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 V F 75853 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Dowdy

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 31 | Months | Days | If less than one day hr. min.

9. Birthplace Lewisburg Co. Va (City, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER 12. Name Edward Dowdy
13. Birthplace Va

MOTHER 14. Maiden Name Mary Eliza Dowdy
15. Birthplace Lewisburg Co Va

16 (a) Informant Police Report
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St Huntington Williams, Mgr

19 (a) DEC 23 1940 (Date rec'd) (Registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1940, at 11 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Gun shot wounds of head

Due to

Due to

Other Conditions Hemorrhage from wounds of Brain (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes - as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 12-25-1940
(c) Where did injury occur? 1313 Myrtle Ave City, (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Bullets; revolver

23. Signature Howard J. Mearns M.D. (Medical Examiner)

Date signed 12-26-40

75854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 75854 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1358 Carroll St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID L BANKS

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 217-07-1758

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1900

8. AGE: Years 40 | Months 2 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER 12. Name Anthony Andrew Banks

13. Birthplace Kingdom of Virginia

MOTHER 14. Maiden Name Mary Butler

15. Birthplace Annapolis Maryland

16 (a) Informant Catherine Webster

(b) Address 1223 Bayard St.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

19 (a) ... (Date received by registrar) (b) Huntington Williams M.D.

DEC 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1940, at 11.45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy an abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 3/1
(b) Date of occurrence Dec 21 1940
(c) Where did injury occur? building 3 Dec 21 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? yes (Specify type of place)
(e) Means of injury fell from scaffold

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner)

Date signed 12-26-40

F 75855

75855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 75855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Carrie Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Julius Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1872

8. AGE: Years 68 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Richard Marine

13. Birthplace Cambridge Md

MOTHER 14. Maiden Name Mary Jane Nichols

15. Birthplace Little Crondel Co Md

16 (a) Informant Sophia Flemmings

(b) Address 623 Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) Dec 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2 40

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23- 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19- 1940, to 12-23- 1940, and that I last saw her alive on 12-23- 1940.

Immediate cause of death Cardiac Renal Disease — Duration 4 mos.

Due to

Due to

Other Conditions none.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W P Bangert M. D.

Address 611 - N. Carrollton Date signed 12-27-40

5856

BALTIMORE CITY HEALTH DEPARTMENT Blake 108 ✓ Registered No. F 25856

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 N. Ausquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 718 N. Ausquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Brown ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4-1880

8. AGE: Years	Months	Days	If less than one day
60	11	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Daniel Brown
13. Birthplace Md

MOTHER 14. Maiden Name Jane Brown
15. Birthplace Md

16 (a) Informant Ida Brown
(b) Address 718 Ausquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director Payne Sanders
(b) Address 1462 E Preston St

DEC 28 1940 (Date rec'd by registrar) (b) Livingston Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1940, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1940 to 12/24 1940 and that I last saw alive on 12/24 1940.

Immediate cause of death: Lobar Pneumonia — Duration 6 dys

Due to Effusion & colds

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Ave Date signed 12/26

75857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137-N

Registered No. F 75857

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. Hill Top - York Road - Rd # 8 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard L. De Baugh

3 (b) If veteran, name war none

3 (c) Social Security Account No. 215-01-4783

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Julia M. De Baugh nee Amoss
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 26, 1874

8. AGE: Years	Months	Days	If less than one day
66	6	1	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Henry De Baugh
13. Birthplace Maryland.

MOTHER
14. Maiden Name Margaret Hubbard
15. Birthplace Maryland

16 (a) Informant Mrs. Julia M. De Baugh
(b) Address Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Maryland.

18 (a) Funeral director John Curtis Sons
(b) Address Towson, Md.

DEC 28 1940 Washington, Williamsport, Md.
(Date rec'd by Registrar) (Registration District)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/40 19.. at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1940, to 12/27 1940 and that I last saw him alive on 12/27 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Benign Prostatic Hypertrophy
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Benign Prostatic Hypertrophy
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md General Hosp Date signed 2/27/40

75858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75858

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1164 Hanover St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Freet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1862

8. AGE: Years 78 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant South Balto Gen. Hospital

(b) Address Mr. A. Levin 17 A.S. Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Hanover, Pa.

18 (a) Funeral director H. A. Feser

(b) Address Hanover Pa

DEC 28 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1940, to Dec. 28 1940, and that I last saw h[illegible] alive on Dec. 28 1940.

Immediate cause of death	Duration
Cardiac failure	2 days
Due to bronchopneumonia	
Due to	
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature A. F. Irvin, M. D.

Address South Balto Hospital Date signed 12/29/40

75859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 A

Registered No. 75859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 N. Rogers Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Rogers Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hopkins Ryan

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 220-05-9522

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	W.

6 (b) Name of husband or wife Isabella Duff Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1866

8. AGE: Years	Months	Days	If less than one day
74	11	14	hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)

10. Usual Occupation Bank Surgeon.
11. Industry or business Racing (Horses)

FATHER
12. Name James Ryan
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name M. M. Califfords
15. Birthplace Ireland County Mayo

16 (a) Informant John P. Ryan Jr.
(b) Address 2442 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Young Boyd
(b) Address 5005 Pk. Heights Ave.

19 DEC 28 1940 (Date Rec'd by Reg.) (b) Signature Arlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 1938, to 1940, and that I last saw him alive on Dec 26 1940.

Immediate cause of death	Duration
Coronary Embolism	1 day
Due to Hypertension	2 yrs.
Due to Senility	—
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work? no (Specify type of place)
(e) Means of injury —

23. Signature Charles J. Mills M. D.
Address 5776 Park Heights Ave Date signed Dec 28 40

VS 3

75860 DF 62153.2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No. E 75860

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Pier 2, Lower Canton, Coltman Co. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME St. C. Francisco (Francisco Casinas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C Filipino	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER

12. Name ?

13. Birthplace

MOTHER

14. Maiden Name ?

15. Birthplace

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Leonard J. Rusch

(b) Address 5305 Harford Road

DEC 28 1940 (b) Harrington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1940, at 3 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-1940, to 12-27-1940 and that I last saw h him alive on 12-27-1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 12-28-40

6

F 75861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-9

F 75861 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Myrtle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver Henry
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race Colored
6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~ Widowed
6 (b) Name of husband or wife Elsie Henry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-21-1896
8. AGE: Years 44 | Months 4 | Days 6 | If less than one day hr. min.
9. Birthplace Vienna, Md. (Town, county, and state)
10. Usual Occupation Laborer Farm
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Millie Henry
15. Birthplace Maryland

16 (a) Informant Bessie Young
(b) Address 911 Myrtle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31 40 (month) (day) (year)
(c) Cemetery or crematory Vienna Cem
Location Vienna Md
18 (a) Funeral director J. J. Trappton & Son
(b) Address Federalsburg Md

DEC 29 1940 (Date received by registrar)

(b) Huntingtown Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 8:40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1940, to 12-28 1940, and that I last saw h.im alive on 12-28 1940.

Immediate cause of death
1) Carcinoma of Sigmoid and Rectum
Due to 2) Carcinomatosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Carcinomatosis
Of autopsy

Duration
about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Franklin Phillips M. D.
Address 1514 Division St. Date signed 12-28-40

F 75862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75862

THIS AUTHORITY MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryview Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Wilmer Court (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Herbert Woold

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-0999

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1892

8. AGE: Years 48 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Walter White
13. Birthplace Virginia

MOTHER
14. Maiden Name Emily Scott
15. Birthplace Virginia

16 (a) Informant Carrie C. Woold
(b) Address 657-3rd Ave. Suffolk Ave.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-29-40 (month) (day) (year)
(c) Cemetery or crematory SUFFOLK CEMETRY. Location SUFFOLK Va

18 (a) Funeral director William A Jackson
(b) Address 916 Pinner ave

19 (a) [illegible] registrar) (b) Huntington Williams M.D.

DEC 20 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27- 1940, at 12:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Interstitial Nephritis
Duration: —
Due to: Hypertrophy & Dilatation of Heart
Duration: —
Other Conditions: Cardiac & Liver Anemia
Duration: over
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy yes - above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wooden M.D.
Medical Examiner.
Date signed 12-27-40

over

75863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B F 75863

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-15

3 (a) FULL NAME James H Whitaker

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Nancy R
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1857

8. AGE: Years	Months	Days	If less than one day
83	7	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Whitaker
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Miller
15. Birthplace Maryland

16 (a) Informant M E Strut
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (Signature and title) (b) Huntington Williams M.D.

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Dec 27 1940, and that I last saw her alive on Dec 26 1940.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
M. D.
Address 200 N. Fulton Ave Date signed 12/29/40

75864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75864
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 S. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stamatios Petiktakis

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Golden Star Restaurant

FATHER
12. Name John Petiktakis
13. Birthplace Crete Greece

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Italy

16 (a) Informant Emanuel Petiktakis
(b) Address 536 Oldham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 30 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) (Registrar) (b) [illegible] for Williams M.D.

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1940, at 11:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Fractured ribs	
Due to Laceration of brain tissues	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-26-40
(c) Where did injury occur Oldham St. Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by street car - Pedestrian

23. Signature [illegible] M.D. Medical Examiner.
Date signed 12-27-40

F 75865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75865 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Home For Incurables
(c) Hospital or institution: 701 W. 40th Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Baltimore (b) County Baltimore
(c) City or town Riderwood, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Thomas H. Buckler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marion Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5. 1864

8. AGE: Years	Months	Days	If less than one day
76 75	2	22	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Dr. Reggie Buckler
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Isabelle Magruder
15. Birthplace Baltimore Md

16 (a) Informant Mr. Paul S Parsons
(b) Address Riderwood Md

17 (a) Burial (b) Date thereof Dec 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry Jenkins Sons
(b) Address Orchard & McCollah St

DEC 29 1940 Hunting Jr Williams M.D.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1940, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 — 1940, to 12-27 1940, and that I last saw h alive on 12-27 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	12-23-40
Due to	
Due to	
Other Conditions Hypertension Cardio-Vasc. Disease	Since 1935

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Cornell Wolf M. D.
Address 11 E. Chase St. Date signed 12-27-40

F 75866 OF 61816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 75866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Bank street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Helm

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mary H. HELM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1882

8. AGE: Years 58 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation WATCHMAN FOR CITY

11. Industry or business CITY HIGHWAY DEPT.

FATHER
12. Name William Helm
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Howard
15. Birthplace Baltimore

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/40 (month) (day) (year)
(c) Cemetery or crematory GREEN HAVEN CEM.
Location GLEN BURNIE MD.

18 (a) Funeral director Tilly F. Zacherle
(b) Address 405 S. WOLFE ST.

19 (a) (b)

DEC 29 1940 Huntington Mitchell, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1940, at 12 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 1940, to 12-26 1940, and that I last saw h alive on 12/26 1940.

Immediate cause of death: Arteriosclerotic Heart Disease & failure — Duration: ? 2 mo.

Due to:

Due to:

Other Conditions Gen. Arteria-sclerosis — Duration: ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr., M. D.
Address Baltimore City Hospitals Date signed 12/27/40 M. D.

F 75867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 75867 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 S. CLINTON ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. CLINTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ELIZABETH BERTHA ROPKA

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife NICHOLAS J. ROPKA
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APR. 9 1885

8. AGE: Years	Months	Days	If less than one day
55	8	17	hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER 12. Name RICHARD GIESE
13. Birthplace GERMANY

MOTHER 14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant NICHOLAS J. ROPKA (HUS.)
(b) Address 404 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Fully L Zeiler
(b) Address 403 S. WOLFE ST.

DEC 29 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 26 1940, at 11/1M P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940. to Dec 26 1940, and that I last saw her alive on Dec 26 1940.

Immediate cause of death Myocarditis. — Duration 3 mo

Due to Coronary arteriosclerosis. — 3 mo

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Gilbert H. Mortimer Jr.
Address 2720 St Paul St Date signed DEC 27/40

VS 8

F 75868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 75868 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1809 N. REGISTER ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1809 N. REGISTER ST.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS J. REILY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MARY E. REILEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 28 1856

8. AGE: Years	Months	Days	If less than one day
84	5	29	hr. min.

9. Birthplace HARFORD CO. MD.
(Town, county, and state)

10. Usual Occupation WATCHMAN CITY HIGH WAY

11. Industry or business BALTO. CITY

FATHER

12. Name UNKOWN

13. Birthplace HARFORD CO. MD.

MOTHER

14. Maiden Name UNKOWN

15. Birthplace HARFORD CO. MD.

16 (a) Informant MRS. CHARLES REILEY

(b) Address 1809 N. REGISTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30/40 (month) (day) (year)

(c) Cemetery or crematory FAWN GROVE CEM.

Location HARFORD CO. MD. Pa.

18 (a) Funeral director Tilly & Zieler

(b) Address 405 S. VOLPE ST.

19 (a) Filed DEC 29 1940 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 27 1940 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Dec 27 1940, and that I last saw him alive on Dec 27 1940.

Immediate cause of death Chronic Myocarditis — Duration 9 mo

Due to Chronic Nephritis — 5/4/1940

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William [illegible] M.D.

Address 501 [illegible] Date signed [illegible]

F 75869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 75869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument street

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)

(d) Street No. 805 AISQUITH ST (If rural give location)

(e) If foreign born, how long in U. S. A.? 38 years

10

3 (a) FULL NAME Dora Rosenfeld (DORA ROSENFELD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife MELDEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER

12. Name NOT KNOWN

13. Birthplace RUSSIA

MOTHER

14. Maiden Name NOT KNOWN

15. Birthplace RUSSIA

16 (a) Informant HOSP. RECORDS

(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-29-40 (month) (day) (year)

(c) Cemetery or crematory ROSEDALE

Location PHILA. RD. & HAMILTON AVE

18 (a) Funeral director Jos. L. Levin Inc

(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1940 to 12/28 1940, and that I last saw h alive on 12/28 1940.

	Duration
Immediate cause of death Salmon: edema due to acute cardiac failure	2 days
Due to arteriosclerotic C.V. disease	10 yrs
Due to	
Other Conditions cystitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Herbert W. Klein M. D.

Address Sinai Hospital Date signed 12/28/40

F 75870

F 75870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 E. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Stoddard

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Isabella Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9th 1883

8. AGE: Years	Months	Days	If less than one day
57	1	18	hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation Auditor

11. Industry or business U. S. Income Tax Div.

FATHER 12. Name Roland G. Stoddard

13. Birthplace City

MOTHER 14. Maiden Name Hannah Gage

15. Birthplace City

16 (a) Informant Mrs. Jos. Smith

(b) Address 1636 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. Md.

18 (a) Funeral director C. J. Fannon & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) Date received DEC 29 1940 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th 1940, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15th 1940, to Dec. 27 1940, and that I last saw h.m. alive on December 1940.

Immediate cause of death Carcinoma of Pancreas — Duration 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Flynn M. D.

Address 433 E. York Ave. Date signed 12-28-40

E 75871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C E 75871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Lawina Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79yr; 10mo; 15da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Lawina Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie B. K. Norwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Dr. Vernon L. Norwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) feb. 13, 1861

8. AGE: Years 79 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name William H. Thomas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susannah Hannah
15. Birthplace Baltimore, Md.

16 (a) Informant Dr. Vernon H. Norwood
(b) Address 5101 Woodside Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Road, Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

DEC 29 1940 (Date rec'd by registrar)

(b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 9-55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Dec 1940 and that I last saw her alive on Dec 28 1940.

Immediate cause of death Thrombosis of Coronary artery — Duration 2 days

Due to Arteriosclerosis — 70 yrs

Due to Old Endocarditis of Mitral valve Rheumatic Fever

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vernon H. Norwood M. D.
Address 5701 Woodside Road Date signed 12-28-40

VS 3

F 75872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75872 Registered No. 94,a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Chesnut Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Chesnut Hill (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RICHARD HERBERT GAPHARDT

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-07-8155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Ruth Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1894

8. AGE: Years	Months	Days	If less than one day
46	3	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Reads Drug Store

FATHER
12. Name Richard Gaphardt
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah Conner
15. Birthplace Maryland

16 (a) Informant Ruth E. Gaphardt
(b) Address 905 Chestnut Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Woodlawn

18 (a) Funeral director J. E. Moran
(b) Address 2007 E. Baltimore St.

DEC 29 1940 (Date received by Registrar) (b) Registrar

VS 6

Thurston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer Asst. Medical Examiner M.D.

Date signed 12-27-40

F 75873

38907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75873 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1426 Edmondson (If rural give location)

(e) If foreign born, how long in U. S. A.? years

9

3 (a) FULL NAME Irving Stinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-4-06

8. AGE: Years	Months	Days	If less than one day
34	8	23	hr. min.

9. Birthplace N. Car — (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Ferman Stinson

13. Birthplace N. Car —

MOTHER 14. Maiden Name Maggie Pegram

15. Birthplace N. Car

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29th/40 (month) (day) (year)

(c) Cemetery or crematory Fuquay N.C.

Location N.C.

18 (a) Funeral director Edward L Wilson

(b) Address 1000 Braddock Ln

19 (a) DEC 29 1940 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1940, to Dec 27 1940, and that I last saw he alive on Dec 27 1940.

	Duration
Immediate cause of death Cardiac failure	2 hrs
Due to Alkalosis + uremia + azotemia	4 days
Due to Generalized sarcoidosis of Boeck	4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Sarcoid lesions in

Of operations L. Nodes, Lungs, Kidneys, liver, spleen, Skin, bone

Of autopsy Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. McGehee Harvey M. D.

Address J. Hopkins Hospital Date signed

F 75874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 75874

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Evergreen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Evergreen ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Toal

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 7 1860
8. AGE: Years 80 Months 2 Days 19 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Joseph Sauer
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara
15. Birthplace Germany

16 (a) Informant Margaret Toal Dougherty
(b) Address 3216 Evergreen
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Beltsville Md.
18 (a) Funeral director John A. McDaniel
(b) Address 3000 E. Balto St

DEC 29 1940 (Date received by Registrar) (b) Wilmina Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 19 , at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1940, to Dec 27 1940, and that I last saw her alive on Dec 26 1940.

Immediate cause of death Bronchial Pneumonia — Duration 6 days

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farms, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. N. Hayden M. D.
Address 2114 Harford Rd Date signed 12/28/40

F 75875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 75875
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3426 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 3426 Hickory Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Thomas Corbin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5880

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith May Corbin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1874

8. AGE: Years 66 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Textile work

11. Industry or business Mt. Vernon-Woodberry Mills

FATHER
12. Name Joseph Corbin
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Turner
15. Birthplace Maryland

16 (a) Informant Mrs. Edith May Corbin
(b) Address 3426 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30-1940 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 DEC 29 1940 (Date rec'd by City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27. 1940. at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct – 1939. to Dec 27 1940. and that I last saw h(im) alive on 12-27-1940.

Immediate cause of death: Cerebral Hemorrhage

Due to / Recurrent Last hemorrhage about 15 minutes before death

Due to / Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 1 yr ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Cranwell M. D.

Address 1127 St Paul St Date signed 12-27-40

VS 3

F 75876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 75876

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Otto Ziegler

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. 214-14-1745

4. Sex: Male | 5. Color or race: Wht. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth M. Ziegler

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1866

8. AGE: Years 74 | Months 2 | Days 9 | If less than one day: ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker (W)

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth M. Ziegler
(b) Address 3601 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) DEC 29 1940 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 4 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1940 to 12/28 1941. and that I last saw him alive on 12/28 1940.

Immediate cause of death: Myocarditis, chronic
Due to: interstitial
Due to:
Other Conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I Lorraine M. Lupo M. D.
Address 3526 Edmondson Ave. Date signed 12/28/40

VS 3

F 75877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75877 46-B Registered No. 389642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland John Hopkins Hospital
(b) Street address Monument + Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or institution (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 E Lombard (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 1879

8. AGE: Years	Months	Days	If less than one day
61	9		hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Max Henderson
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Yaffe
15. Birthplace Russia

16 (a) Informant Mockie Gephenderson
(b) Address 2919 Violet ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Rd.

18 (a) Funeral director Sol Levinson + Bro
(b) Address 1124-26 W North ave

Date received by registrar DEC 29 1940 (b) Hunting Town Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940 at 1.35 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940, to Dec 28 1940, and that I last saw him alive on Dec 28 1940.

Immediate cause of death Pulmonary embolism — Duration 2 wks
Bronchopneumonia — 1 week
Carcinoma Stomach
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Stomach
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Gay Mathews M. D.
Address Johns Hopkins Hospital Date signed 12-28-40

MF 75878

62093 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 MF 75878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3913 Mt. Pleasant Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Napoli

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9503

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	Married

6 (b) Name of husband or wife Josphine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/26/1889

8. AGE: Years	Months	Days	If less than one day
51	2	1	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business balto. transit co.

FATHER
12. Name Angelio
13. Birthplace italy

MOTHER
14. Maiden Name rose
15. Birthplace Italy

16 (a) Informant records
(b) Address ~~Baltimore City Hospitals~~

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Belair Road.

18 (a) Funeral director Kendell - Hooper
(b) Address 312 S. Highland Ave

19 (a) (Date rec'd by registrar) (b) Huntington Wm. [illegible], Registrar

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1940, to 12-27 1940, and that I last saw him alive on 12-27 1940.

Immediate cause of death	Duration
Compression fracture 2nd cervical vertebra	60 hrs.
Due to Laceration of spinal cord	60 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-25-40
(c) Where did injury occur? Baltimore (City or town) (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature Jeffrey A. Seibert Jr.
Address Baltimore City Hosp. Date signed 12/28/40 (M. D.)

C. L. McVandell. or D. H. Mollenberg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 75879

CERTIFICATE OF DEATH

161-W F 75879

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 90-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 day How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Frederick

If U. S. Veteran specify WAR

(a) Residence: No. 6708 Frederick Ave. St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12:27:40

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		1	6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Woodrow Charles Frederick

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Grace Eleanor Brannon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Cathedral Cem. Date 12/30, 1940

19. UNDERTAKER Gaye A. Turley

(Address) Fulton & Haywood

20. FILED DEC 29 1940, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12:28:40, 19

22. I HEREBY CERTIFY, That I attended deceased from 12.27.40, 19, to 12.28.40, 19

I last saw h alive on 12:28:40. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis & prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Edward L. J. Kreig M.D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

390774 F 75880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 75880 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Maryland Ave (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald T. Stine F 18855

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10 1940

8. AGE: Years | Months: 1 | Days: 6 wks 1 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name Leonard Stine
13. Birthplace Md.

MOTHER 14. Maiden Name Ruby Ford
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Mary's Manchester
Location Balto. Md.

18 (a) Funeral director David Lanahan & Son
(b) Address 1702 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940 at 7 22 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940, to Dec 28 1940, and that I last saw him alive on Dec 28 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions Malnutrition.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 12/28/40

F 75881

F 75881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs. 0 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Fairview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Roman

3 (b) If veteran, name war

3 (c) Social Security Account No. Call.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ~~March 27, 1902~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1902

8. AGE: Years	Months	Days	If less than one day
38	9	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Secretary.
11. Industry or business Church

FATHER
12. Name John W. Roman
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Maude McKenney
15. Birthplace Baltimore.

16 (a) Informant Mrs. J. W. Roman
(b) Address 3704 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wm. J. Pickett & Son
(b) Address Park & Lanvale Sts.

19 (a) Huntington Williams M.D.
(Date received by registrar)
DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940 at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12 M. 12/23/1940 to 9:15 P.M. 12/27/1940, and that I last saw her alive on Dec 27 1940.

Immediate cause of death	Duration
Pulmonary Edema	10 hrs.
Cardiac Failure	
Due to	
Rheumatic [redacted] Heart Disease	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Roman M.D. M. D.
Address Church Home & Inf. Date signed 12/29/40

F 75882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

Registered No. F 25882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 H
(e) Length of stay in Baltimore (yrs., mos., or days) 6 H

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore~~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 W. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Boy Moore (Carroll Lee Moore)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12 | 29 | 40

8. AGE: Years | Months | Days | If less than one day 6 hr. 0 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name John C. Moore

13. Birthplace Anne Arundel County, Md

MOTHER 14. Maiden Name Agnes Carmean

15. Birthplace Snowhill, Md

16 (a) Informant Franklin Squire Hosp

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 30 40 (month) (day) (year)

(c) Cemetery or crematory Protestant Cem

Location Sugar Hill Md

18 (a) Funeral director Wm J Tuffner & Son

(b) Address North & Pa Ave

19 (a) DEC 29 1940 (b) Filing [illegible] Baltimore, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 | 29 | 40 19 , at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 | 29 | 40 19 , to 12 | 29 | 40 19 , and that I last saw h.i.m. alive on 12 | 29 | 40 19 .

Immediate cause of death ..... Duration

Asphyxia

Due to Atelectasis

Due to Toxemia of Pregnancy (Preeclampsia)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. B. Daugherty M. D.

Address Franklin Sq. Hosp. Date signed 12-29-40

F 75883 Donahue

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

F 75883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 N. Monastery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 N. Monastery Ave (If rural give location)
20-7
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna D. Donahue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Gerald E. Donahue

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25 - 1880

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Gordon
13. Birthplace Unknown

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Edward Quirke
(b) Address 102 S. Moreland - St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director W. W. Chambers Co.
(b) Address Riverdale - Md.

19 (a) (b) Huntington Nicholas, Registrar

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1940 to 12/27 1940 and that I last saw him alive on 12/27 1940.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alois A. Hamilton M. D.

Address 4209 Frederick Ave Date signed 12/30/40

F 75881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

XVF 75884

17a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. S. Norman ave. - 4th St. Light P.6. (If rural give location) Dundalk
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip A. Rummel Jr.

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 215-14-6985

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Bessie Rummel
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18, 1898

8. AGE: Years	Months	Days	If less than one day
42.	8.	19.	hr. 3 min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Phillip Rummel
13. Birthplace: Germany

MOTHER
14. Maiden Name: ~~Helmore~~ Sabina Drayer
15. Birthplace: Germany

16 (a) Informant: Bessie Rummel
(b) Address: 48 Hoyt Colgate.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30 1940 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Frederick Road.

18 (a) Funeral director: Wendell J. Lippel
(b) Address: 312 S. Highland Avenue

DEC 29 1940 (Date received by Registrar) Huntingtor Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1940, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Decubitus	
Due to Pneumonia	
Due to Broncho Pneumonia	
Other Conditions Crushed foot, amputation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-26-40
(c) Where did injury occur? Eastern Ave. - Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian: Street car

23. Signature Howard J. Mc[illegible] M.D. Medical Examiner
Date signed 12-27-40

F 75885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 75885 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County CARROLL
(c) City or town FINKSBURG RURAL (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE M. WESTAWAY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife WM. R. WESTAWAY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 17- 1860

8. AGE: Years	Months	Days	If less than one day
80	9	12	hr. min.

9. Birthplace CARROLL COUNTY MARYLAND (Town, county, and state)
10. Usual Occupation HOUSEKEEPER
11. Industry or business

FATHER
12. Name JOSIAH SHILLING
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ANNE TANEY
15. Birthplace MARYLAND

16 (a) Informant RAYMOND L. SHILLING
(b) Address FINKSBURG

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 1 1941 (month) (day) (year)
(c) Cemetery or crematory SANDYMOUNT
Location SANDYVILLE, MD.

18 (a) Funeral director JOHN R. BYERS
(b) Address WESTMINSTER, MD.

19 (a) [illegible] Huntington Williams, M.D.

DEC 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1940, at 10 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1940, to Dec 29, 1940, and that I last saw h[illegible] alive on Dec 29, 1940.

Immediate cause of death	Duration
arterio sclerotic cardio-vascular disease	1 year more
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knapp M. D.
Address 3030 Edmondson Ave. Date signed 12/29/40

F 75886

F 75886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edmondson Ave

(c) Hospital or institution: Maternity Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 50 ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1415 W Baltimore St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon Goldstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 66 | Months — | Days — | If less than one day hr. min.

9. Birthplace England. (Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER 12. Name Nathan Goldstein

13. Birthplace England.

MOTHER 14. Maiden Name Sarah Cohen

15. Birthplace England

16 (a) Informant Bernard Goldstein

(b) Address 1415 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30/40 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh Cemetery

Location Windsor Mill Road

18 (a) Funeral director Sol Levinson Bro.

(b) Address 1124-26 W North Ave

DEC 30 1940 (b) Hunting of Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 10:46 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940, to Dec 28 1940, and that I last saw h[im] alive on Dec 28 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 24 hours

Due to: Hypertension and Cardiovascular Disease ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James B. Nattan M. D.

Address Maternity Hospital (Date signed) 12/29/40

YS 3

F 75887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75887 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4441 St. George Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Carol Budd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: B

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1940

8. AGE: Years | Months: 3 | Days: 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lester Budd
13. Birthplace Westminister Md.

MOTHER
14. Maiden Name Mamie Ridgley
15. Birthplace Md.

16 (a) Informant Mamie Budd
(b) Address 4441 St. George Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location C. C. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Signature of registrar) (b) Hunting ft. Williamsport Md.

DEC 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1940 at 6 1. M 26

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1940 to 12-28 1940 and that I last saw h-r alive on 12-28 1940.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 12-28-40

62112-FD

F 75888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 31 WF 75888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-5513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Married

6 (b) Name of husband or wife Emily
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1898

8. AGE: Years	Months	Days	If less than one day
42	5	28	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation skilled laborer
11. Industry or business Bath. Steel Co.

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (b) Date thereof Dec. 1, 1940
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.
18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 12-9 N. Carlin Apt.

DEC 30 1940
(Date received by Registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1940, at 1 1/4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1940, to 12-28 1940, and that I last saw him alive on 12-27 1940.

Immediate cause of death	Duration
Uremia	? 42
Due to Hypertension C. V. D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-29-40

F 75889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-a

F 75889 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Hugh Allen
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-05-7170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-14-1889

8. AGE: Years	Months	Days	If less than one day
51	9	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Engineer.
11. Industry or business Concrete Pipe Co

FATHER
12. Name Wm. allen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Frances Murray
15. Birthplace Havre De grace Md

16 (a) Informant Mrs. Zimmelman
(b) Address 1217 Riverside ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Dundalk Md

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St

19 DEC 30 1940 (b) J. H. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1940, at 5.15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1940 to 12-28 1940 and that I last saw him alive on 12-28 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 48 hrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J M Collins M. D.
Address 2025 W. Fayette St Date signed 12-29-40

VS 2

F 75890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75890 / 61

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Hopkins Apts.
(b) Street address — St. Paul & 31st Streets
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) — Life

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — St. Paul & 31st Streets
Hopkins Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME — PAUL M. PITTS

3 (b) If veteran, name war — None
3 (c) Social Security Account No. — None

4. Sex — Male
5. Color or race — White
6 (a) Single, married, widowed, or divorced. — Married

6 (b) Name of husband or wife — Lilly Mitchell Pitts
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) — March 11, 1870

8. AGE: Years — 70 | Months — 9 | Days — 16 | If less than one day ____ hr. ____ min.

9. Birthplace — Baltimore, Maryland (Town, county, and state)
10. Usual Occupation — Manufacturers Agent
11. Industry or business — Retired

FATHER
12. Name — John W. Pitts
13. Birthplace — Onancock, Virginia

MOTHER
14. Maiden Name — Virginia C. Bowles
15. Birthplace — Lynchburg, Virginia

16 (a) Informant — Mrs. G. P. Riley
(b) Address — 2602 Elsinor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery or crematory — Greenmount
Location — Baltimore, Maryland

18 (a) Funeral director — Wm. J. Tickner & Sons,
(b) Address — North & Pa. Avenues

19 DEC 30 1940 (Date rec'd by Registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — December 27, 1940 at 2:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to 12-27 1940, and that I last saw him alive on 12-26 1940

Immediate cause of death — Cerebral Hemorrhage — Duration 4 hrs.
Due to — Arteriosclerosis Hy Pertension
Due to
Other Conditions — Diabetes Mel. — 8 + yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — John L. Lowery M. D.
Address 1129 St. Paul St Date signed 12-28-40

F 75891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2641 Dulaney St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Shirley Jenkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1940

8. AGE: Years	Months	Days	If less than one day
	5	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles L. Jenkins
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Estelle Crambliff
15. Birthplace Baltimore Md

16 (a) Informant Harry H Witzke
(b) Address 4101 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (month) (day) (year)
(c) Cemetery or crematory Greadowridge
Location Dorsey, Md

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 (a) Dec 30 1940 (b) Filed by registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1940 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1940, to 12/28 1940 and that I last saw her alive on 12/28 1940.

Immediate cause of death: Bilat. Lobular Pneumonia — Duration: 4 days
Due to
Due to
Other Conditions: Marked Dry Anemia (Nutritional) — Duration: Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address Leroy St. Date signed 12/29/40

F 75892

OF 61839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 75892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Avenue

(c) Hospital or institution: Baltimore city Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 735 McHenry Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME robert Jesser

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6346

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1905

8. AGE: Years	Months	Days	If less than one day
35	10	28	hr. min.

9. Birthplace virginia (Town, county, and state)

10. Usual Occupation Picture frame Work

11. Industry or business Painted Aluminum Co

FATHER

12. Name William

13. Birthplace virginia

MOTHER

14. Maiden Name Maude Wood

15. Birthplace virginia

16 (a) Informant records

(b) Address Baltimore city Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)

(c) Cemetery or crematory

Location Waynesboro Virginia

18 (a) Funeral director C. W. Alexander & Co

(b) Address Waynesboro Virginia

DEC 30 1940 (Date received by Local Registrar) (b) Signature of Local Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1940, at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1940, to 12-29 1940, and that I last saw h alive on 12-29 1940.

Immediate cause of death	Duration
Lobar pneumonia	3 days
Toxic hepatitis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 12-30-40

F 75893

62115 8D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 75893 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 E. 30th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

F 19768

3 (a) FULL NAME Richard W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1940

8. AGE: Years	Months	Days	If less than one day
		24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name Frank
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Brewer
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director John R. Miller
(b) Address 234 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VB 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12. 29. 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12. 26 1940, to 12. 29 1940, and that I last saw him alive on 12. 29 1940.

Immediate cause of death: Lobar pneumonia — Duration: 10 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-29-40

F 75894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 75894
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bons Secours Hospital (D.O.A.)
(d) Length of stay in hospital or inst. (yrs., mos., or days) doa
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Astoria County
(c) City or town Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 - 31st Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH KEOHAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Alfred J. Keohan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1874

8. AGE: Years	Months	Days	If less than one day
66	2	1	hr. min.

9. Birthplace Maine
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Collins
13. Birthplace ?

MOTHER
14. Maiden Name ? Collins
15. Birthplace ?

16 (a) Informant Fred John Dorfuss
(b) Address 3015 Layton Avenue

17 (a) Removal (b) Date thereof Dec. 3 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Astoria Co.
Location Long Island, N. Y.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Rd.

19 DEC 30 1940 (b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940, at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. J. Stefford M.D.
Per H. J. Mullin Medical Examiner.
Date signed 12-30-40

75895

390197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 75895 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond J. Burdynski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-89

8. AGE: Years 1 | Months 22 10 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Stanley Burdynski
13. Birthplace Md -

MOTHER 14. Maiden Name Vila Migejunska
15. Birthplace Md -

16 (a) Informant Beardo -
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Debus
(b) Address 401 St. Charles St

19 (a) DEC 30 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 6 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1940 to Dec 28 1940. and that I last saw him alive on Dec 26 1940.

Immediate cause of death
INFLUENZA
Meningitis — Duration 15 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp Date signed 12-28-40

VS 3

F 75896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125-B

F 75896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 E. 28th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry John Renoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Renoff
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 23, 1883

8. AGE: Years	Months	Days	If less than one day
57	7	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Hardware Mfg

FATHER 12. Name Louis Renoff
13. Birthplace Md.

MOTHER 14. Maiden Name Annie Sperber
15. Birthplace Baltimore

16 (a) Informant Mary E. Renoff
(b) Address 1501 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Arlean

19 (a) (Date) (b) Huntingtown, Williamsburg, Md.

DEC 30 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1940, to 12/28 1940, and that I last saw him alive on 12/28 1940.

Immediate cause of death

Due to Bronchopneumonia — Duration: 10 da. (approx.)

Due to Agranulocytosis — Duration: 5 da. (approx.)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia, Splenic tumor - hepatitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 12/29/40

F 75897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C

Registered No. F 75897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Nicholas Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Henry T. Bruhn

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-5349

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Hilda —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 - 1883

8. AGE: Years	Months	Days	If less than one day
57	6	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Chf.

11. Industry or business

FATHER
12. Name Hugo Bruhn
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Rose
15. Birthplace Md

16 (a) Informant Mrs Hilda Bruhn
(b) Address 4205 Nicholas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Allers
(b) Address 2008 Arlington Ave

19 (a) (Date received by Registrar) (Huntington Williams, M.D.) Registrar

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 5 25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet Wound of Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12/28/40
(c) Where did injury occur? 4205 Nicholas Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury? 32 Cal Revolver

23. Signature Wm. Vandersloot M.D.
Medical Examiner.

Date signed 12/28/40

F 75898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 75898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 945 S Brunswick St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Edith G. Frank.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1886

8. AGE: Years: 54 | Months: 5 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Ernest Frank
13. Birthplace: Germany

MOTHER
14. Maiden Name: Ottilla Creming
15. Birthplace: Germany

16 (a) Informant: Edith G. Frank
(b) Address: 945 S. Brunswick Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 30 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City

18 (a) Funeral director: J. Ellwood Dean
(b) Address: 1300 Eutaw Place

19 (a) (Registrar) (b) Date received: DEC 30 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28 1940 at 3:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:

Due to — Duration:

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. H. Handelsman M.D.
Medical Examiner

Date signed 12-29-40

F 75899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 75899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 Wheeler Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 20 Wheeler Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 yrs years

3 (a) FULL NAME MARGARETHA LANGENFELDER

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry Langenfelder
6 (c) If alive, give age D. years
7. Birth date of deceased (mo., day, yr.): Mar. 4, 1864
8. AGE: Years 76 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.
9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Hans Graf
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Singer
15. Birthplace: Germany

16 (a) Informant: Mrs Anna Schaffer
(b) Address: 20 Wheeler Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/40 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: C. Hubbert & Son
(b) Address: 1300 EUTAW PLACE, C

19 (a) ..... (Date rec'd by Registrar) (b) ..... (Registrar)
DEC 30 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION P.

20. DATE OF DEATH December 27 1940, at 8:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19.. to Dec 25 1940.
and that I last saw h.. alive on Dec 23 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 10 min
Due to: arteriosclerosis — 1 year
Due to: age
Other Conditions: No.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Elizabeth A. Hortwis M. D.
Address: 2706 St. Paul Stre Date signed: 12/29/40

F 75900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No. F 75900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1852 Pennar.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1852 Penn ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Isaiah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Rhone
13. Birthplace Va

MOTHER
14. Maiden Name ?
15. Birthplace Va

16 (a) Informant Eva Palmer
(b) Address 1209 Gilmore

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Douglas Hartsock
(b) Address 918 Druid Hill Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-1940 at M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 1 1940 to Dec 28 1940, and that I last saw h[illegible] alive on Dec 28 1940.

Immediate cause of death	Duration
(a) Hypertension, Cardio-Renal	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Stateler M.D.
Address 1275 Pa Ave Date signed 12/29/40

F 75901

F 75901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 X

3 (a) FULL NAME Lillian Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-1922

8. AGE: Years	Months	Days	If less than one day
18	4	12	hr. min.

9. Birthplace Prospect - Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace Va.

MOTHER
14. Maiden Name Jesse Saltmarsh
15. Birthplace Va.

16 (a) Informant Jesse Anderson
(b) Address 131 Asquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Samuel H. Brautigan
(b) Address 620 N. Johnson St.

19 (a) Filed (Date received by Registrar) DEC 30 1940 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1940, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Dec 26 1940 and that I last saw h alive on Dec 26 1940.

Immediate cause of death	Duration
Acute Lobar Pneumonia	Dec 19 40
Due to Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse S. Allen M.D.
Address 45 E. Lanvale St. Date signed 12-30-40

F 75902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 75902 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 6
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bon Secours Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sallie Addison

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Geo W Addison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1859

8. AGE: Years	Months	Days	If less than one day
81	10	2	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo B Moore
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Leah A Bailey
15. Birthplace Penna

16 (a) Informant Mrs Gertrude Moore
(b) Address 613 Kenilworth Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Fortune & Son
(b) Address 2324 N Charles St

19 (a) (Date received by registrar) (b) Registrar Williamsport Md

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-1940 at 9.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1940 to 12-29 1940 and that I last saw h CT alive on 12-29 1940.

Immediate cause of death: Cerebral Thrombosis — Duration 7 days

Due to: Arteriosclerosis — 16 yrs ?

Due to:

Other Conditions: Diabetes Mellitus — Yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collens M.D. M. D.
Address 2028 W. Fayette St Date signed 12-31-40

F 75903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 75903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Milford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Milford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie McNeil Correll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter Ward Correll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1883

8. AGE: Years 57 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hugh McNeil
13. Birthplace Scotland

MOTHER
14. Maiden Name Alice Rynehart
15. Birthplace Ireland

16 (a) Informant Walter W. Correll
(b) Address 3400 Milford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Bertram W. Gore
(b) Address 2224 N. Charles Street

19 (a) DEC 30 1940 (Date received by registrar) (b) Huntington Wilkinson M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28th 1940, at 8.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1940 to Dec. 28 1940 and that I last saw her alive on Dec. 28 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 12/24/40

Due to: arterial hypertension — 4 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Knipp M. D.
Address 3030 Edmondson Avenue Date signed Dec. 30

F 75904 CC

F 75904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life 45 mi.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Olive Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23 1

3 (a) FULL NAME Walter Keys (62084)

3 (b) If veteran, name war

3 (c) Social Security Account No. None - Clerical

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1899

8. AGE: Years	Months	Days	If less than one day
41	3	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Keys
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Maker
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 30 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore

18 (a) Funeral director Walter B. Griggs
(b) Address 139 W. Hemley St.

19 (a) 12-30-1940 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25-1940, at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25-1940, to 12-25-1940, and that I last saw h[illegible] alive on 12-25-1940.

Immediate cause of death Bronchopneumonia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-28-40

VS 3

F 75905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 75905 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Y alley -
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80/90

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Y alley - (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	Widower

6 (b) Name of husband or wife Sudy Johnson
6 (c) If ~~alive, give age~~ ~~years~~

7. Birth date of deceased (mo., day, yr.) — 1860

8. AGE: Years	Months	Days	If less than one day
80	-	-	hr. min.

9. Birthplace Baltimore - (Town, county, and state)
Premise
10. Usual Occupation Dyster Shucker
11. Industry or business + Brick maker

FATHER
12. Name David Johnson
13. Birthplace Baltimore Md -

MOTHER
14. Maiden Name unknown.
15. Birthplace

16 (a) Informant Katie Camp Self
(b) Address 703 Y alley

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 (month) 29 (day) 40 (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md.

18 (a) Funeral director Walter Rogers
(b) Address 1301 W Fremont St.

30 (Signature of registrar) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1940 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1940 to 11/26 1940, and that I last saw h alive on 11/26 1940.

Immediate cause of death acute Lobar Pneumonia — Duration 5 Days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Strauss M. D.
Address Y & W Lee Date signed 11/27/40

F-75906

BALTIMORE CITY HEALTH DEPARTMENT ✓ 7-75906

CERTIFICATE OF DEATH 94-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Adam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	D

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1856

8. AGE: Years	Months	Days	If less than one day
84	10	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Sexton

11. Industry or business Church

FATHER — 12. Name	William C. Adam
FATHER — 13. Birthplace	Balto Md
MOTHER — 14. Maiden Name	Margaret E. Tracy
MOTHER — 15. Birthplace	Long Green Balto Co Md

16 (a) Informant Joseph H. Braun
(b) Address 911 E. Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet Cemetery
Location 3300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin & Son
Address 924 E. Eager St.

19 (a) DEC 30 1940 (Date received by registrar) (b) Huntington Williams Mort

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940 at 4 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 12-28-40

F 75907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

Registered No. F 75907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 135 Lemon alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CREED MARTIN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business Unknown

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL DEC 30 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams,

19 (a) DEC 30 1940 (b) Registrar
(Date rec'd by registrar)

6143

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1940, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of sternum and ribs — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 18, 1940
(c) Where did injury occur? 3500 blk. Wilkens Ave (City or town) Ba (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury auto truck crashed into
(f) Signature J. J. Wollam Jr. M.D.
Medical Examiner.
Date signed 12-18-40

free

F 75908 ✓ F 75908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. .....

WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Morris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years	Months	Days	If less than one day
70			..... hr. ..... min.

9. Birthplace ..... (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL DEC 30 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams,

19 (a) DEC 30 1940 (b) 6144 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1940. D 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Dec 14 1940, and that I last saw h... alive on ..... 19 .....

Immediate cause of death Cerebral Embolism of Heart — Duration

Due to .....

Due to .....

Other Conditions Coronary Thrombosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Coronary Thrombosis (Autopsy)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? No (Specify type of place)
(e) Means of injury .....

23. Signature Bernard J. Sebastian M. D.
Address St Jo Hosp Date signed 12-16-40

VS 3

F 75909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1861 F 75909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 W (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown (Clinton White)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40 ~~30~~?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL DEC 30 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Inc.

19 (a) DEC 30 1940 (Date rec'd by registrar) (b) 6145 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at 12:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Laceration of Gall Bladder
Due to Subarachnoid Hemorrhage about hour & ½
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident (?)
(b) Date of occurrence 12/20/40
(c) Where did injury occur? 601 N Paca Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell down basement steps

23. Signature W. B. Vandersluis M.D.
Medical Examiner.
Date signed 12/23/40

F 75910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1208 Division st. (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellsworth Chew

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-12-6007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1909

8. AGE: Years	Months	Days	If less than one day
31	5		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation chauffeur
11. Industry or business

FATHER
12. Name Francis
13. Birthplace Md.

MOTHER
14. Maiden Name Non Chase
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location

18 (a) Funeral director Wm. D. Kelson
(b) Address 1303 Preston

19 (a) DEC 30 1940 (b) Huntington Williamsport, Md. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1940, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4-1940, to 12-27-1940, and that I last saw h[im] alive on 12-27-1940.

Immediate cause of death	Duration
Cardiac Failure	7
Pneumonia.	7
Due to	
Hypertension CVD	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature J. Meaughlin Kerr M. D.
Address Balto City Hosp. Date signed 12-28-40

F 75911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-E

F 75911 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BRAXTON STREET

3 (b) If veteran, name war —

3 (c) Social Security Account No. 813-89-2575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Mame

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1912

8. AGE: Years	Months	Days	If less than one day
28	1	29	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Landers Street
13. Birthplace Va.

MOTHER 14. Maiden Name Mattie Johnson
15. Birthplace Va.

16 (a) Informant Mame Street
(b) Address 1604 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory Prospect Pk
Location

18 (a) Funeral director Geo. H. Kelly
(b) Address 303 Pleasant St

19 DEC 30 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 3 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Paralytic ileus	
Due to Fracture of pelvic bones, multiple	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured bladder
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 28 1940
(c) Where did injury occur? 700 S. Caroline St Am. Welding Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Piece of lumber fell on him

23. Signature H. L. Wallenweber M.D. Medical Examiner
Date signed 12-28-41

VS 6

75912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 of 75912 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hanorah (Nora Clancy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-1878?

8. AGE: Years	Months	Days	If less than one day
62?	11	23	hr. min

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Thomas Clancy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Connolly
15. Birthplace Ireland

16 (a) Informant Margaret Davidson
(b) Address 316 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Geo. A. Kane
(b) Address 5305 Harford Rd

19 (a) DEC 30 1940 Huntington Hillcrest, Md.
(Date received by Registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 19 40 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Mendenhall M.D. (Medical Examiner)
Date signed 12-28-40

VS 6

F 75913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75913 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 E. Monument St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Laura Maddox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1861

8. AGE: Years	Months	Days	If less than one day
79	3	11	hr. min.

9. Birthplace Maryland (City, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Westley Maddox
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Maria
15. Birthplace Maryland

16 (a) Informant Laura Maddox
(b) Address 1223 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem Co
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1116 E. Preston St

19 (a) DEC 30 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1940 at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1940 to 12/27 1940 and that I last saw h[illegible] alive on 12/27 1940.

Immediate cause of death	Duration
Cardio-Vascular Disease	11/1
Due to Hepatitis	10/1
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake M. D.
Address 357 N. Central Ave Date signed 12/28

VS 3

F 75914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

171-C F 75914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 E Chase st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MACEO BROOKS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-9399

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5/1919

8. AGE: Years 21 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation None
11. Industry or business Student College

FATHER
12. Name Raymond Brooks
13. Birthplace N.C

MOTHER
14. Maiden Name Julia Smith
15. Birthplace NC

16 (a) Informant Raymond Brooks
(b) Address 1410 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park
Location Arlington

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) DEC 30 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 9.35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage intracranial — Duration
Due to Contusion of head
Due to
Other Conditions Fracture of right femur.
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 27th 1940
(c) Where did injury occur? Washington Blvd Waterloo Howard Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Driving auto which struck

23. Signature T. L. Wallenweber M.D. Medical Examiner.
Date signed 12-27-40

VS 6

tractor

75915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 75915 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 E Fort ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 E Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes V. Dietel.

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. T. Dietel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1880

8. AGE: Years	Months	Days	If less than one day
60	10	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name William T. Potee
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant John W. Dietel
(b) Address 710 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick ave

18 (a) Funeral director Joseph Casanatas Inc
(b) Address 6 E Washington Blvd.

19 (a) (Date rec'd by registrar) (b) Registrar's signature Willis

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Dec 28 1940 and that I last saw h[illegible] alive on Dec 28 1940.

Immediate cause of death	Duration
Hypertension Cordis Renal Disease	5 mos.
Due to Chronic Myocarditis	?
Due to Chronic Nephritis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney H. Strutt M. D.
Address 421 E Fort Ave Date signed 12/29/40

F 25916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 25916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 W. Hughes St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLEVELAND HODGES

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Divorced

6 (b) Name of husband or wife Jennie Drayton
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. AGE: Years	Months	Days	If less than one day
55	?		hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business Junk business - own

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Willie Hodges - son
(b) Address 1511 E Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Daniel T Brown Son
(b) Address 108 W. Montgomery St

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

DEC 30

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 10.30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Hypertensive heart disease
Due to
Other Conditions Nil
(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-27-40

F 75917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 75917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. Floyd Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife Martha Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1868

8. AGE: Years	Months	Days	If less than one day
72 years	7	18	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Mr. Thomas Wood
13. Birthplace North Carolina

MOTHER
14. Maiden Name Martha Green
15. Birthplace North Carolina

16 (a) Informant Edmund Keeley
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-1941 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Harford Co Md

18 (a) Funeral director Dean & Foster
(b) Address Bel Air Md

19 (a) DEC 30 1940 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1940 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Dec 30 1940 and that I last saw h. alive on Dec 30 1940.

Immediate cause of death	Duration
Circulatory collapse	
Due to Lobar pneumonia	
Due to	
Other Conditions Arteriosclerotic Cardio vascular disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None done
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address Union Memorial Date signed 12/30/40

F 75918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75918 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 S. Duncan Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 321 S. Duncan Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 yrs. years

3 (a) FULL NAME JOHN M. WIECZYNSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-7003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anastasia
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) August 11, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	17	..... hr. ..... min.

9. Birthplace Szczuczyn, Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Iron Foundry

FATHER
12. Name Matthew Wieczynski
13. Birthplace Szczuczyn, Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Szczuczyn, Germany

16 (a) Informant Mrs. Anastasia Wieczynski
(b) Address 321 S. Duncan Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave.

19 (a) DEC 30 1940 (Date received by registrar) (b) Huntington Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1940 to Dec 28 1940 and that I last saw h[er] alive on Dec 28 1940

Immediate cause of death Bronchopneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. F. Kulczycki M.D.
Address 1265 Patterson Pk. Ave. Date signed Dec 30/40

VS 3

F 75919

BALTIMORE CITY HEALTH DEPARTMENT 97

CERTIFICATE OF DEATH

F 75919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Ave
(c) Hospital or institution: Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Pelham Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Christian Deetjen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 29th 1863

8. AGE: Years	Months	Days	If less than one day
77	3	29	____ hr. ____ min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Johannes Deetjen

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Hinckel

15. Birthplace Germany

16 (a) Informant Elizabeth Finley

(b) Address 4515 Garrison Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)

(c) Cemetery or crematory London Park Cem

Location Baltimore Md

18 (a) Funeral director H. H. Jenkins Son & Co

(b) Address Oxford & McCulloh Sts

19 (a) [illegible] Arlington Williams Mar

DEC 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Dec 28 1940, and that I last saw h[illegible] alive on Dec. 28 1940

Immediate cause of death	Duration
Pulmonary Edema	
Due to Arteriosclerosis and anorexia with	
Due to Inanition	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Hammann M. D.

Address 9 E Chase St Date signed Dec. 30/40

75920 OF 61940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D E 75920 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 s. Chapel street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis George Plumhoff also known as Louis W. Plumhoff
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, ~~married, widowed, or divorced~~
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22, 1863
8. AGE: Years 77 | Months 6 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry G. Plumhoff
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Schultz
15. Birthplace Germany

16 (a) Informant records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31 40 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Dundalk
18 (a) Funeral director Mattie K. E. Dippel
(b) Address 37 S. Chapel St.
19 (a) Registrar (b) DEC 30 1940 Huntington Willard, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1940, at 10 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1940 to 12-29 1940, and that I last saw alive on 12-29 1940.

Immediate cause of death	Duration
Cardiac insufficiency	
Bronchopneumonia	14 da.
Due to Arteriosclerotic heart dis	
Due to Generalized arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-30-40

F 75921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 75921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Apartments
(c) Hospital or institution: ----------
(d) Length of stay in hospital or inst. (yrs., mos., or days) --- 12
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2~~ St. Paul at 31st street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME ELEONORA KATHERINE MUELLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Louis A. Mueller
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	9	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name George Bartholomew Frank
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Gnau
15. Birthplace Baltimore,, Md.

16 (a) Informant Louis A. Mueller
(b) Address St. Paul at 31st street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Edward F. Young Undertaker
(b) Address 116 W. Mt. Royal Ave

DEC 30 1940 (Filed by registrar) (b) Hunting for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25/40 1940, to 12/29 1940, and that I last saw h[illegible] alive on 12/29 1940.

Immediate cause of death: Cerebral Hemorrhage. — Duration: 3 Days
Due to Arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugo B. Engelbrecht M. D.
Address 2923 St Paul St Date signed 12/30/40

75922 (1951)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

F 75922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dd
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4606 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Roach
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-92

8. AGE: Years	Months	Days	If less than one day
48	7	25	hr. min.

9. Birthplace Ga (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER 12. Name John Smith
13. Birthplace Ga.

MOTHER 14. Maiden Name Lally
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1940 (month, day, year)
(c) Cemetery or crematory Atlantic
Location Georgia

18 (a) Funeral director Robert E. Wiegand
(b) Address 15 15 McElderry St

19 DEC 30 1940 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 26 1940 1940 at 11 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940 to Dec 26 1940, and that I last saw h alive on Dec 26 1940.

Immediate cause of death Increased intracranial Pressure — Duration 4 wks
Due to Brain tumor, malignant glioma, rt. cerebral hemisphere — 8 mos?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Otten M
Address J. H. H Date signed M. 12 D. 29/40

5923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 75923 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Pinkney (61836)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1911

8. AGE: Years	Months	Days	If less than one day
29	9	19	hr. min.

9. Birthplace Ga.
(Town, county, and state)
10. Usual Occupation Houseman
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Ga.

MOTHER
14. Maiden Name Rosetta Holmes
15. Birthplace Ga.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Belmont Hill Rd - Balto. Co. Md
(d) Funeral director John J. Feeley & Bro.
(e) Address 1431 W. Lexington St.

19 (a) Filed 1940 (Date received by registrar)

Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1940, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1940, to Dec. 25, 1940, and that I last saw him alive on Dec. 25, 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund G. Beatham M.D.
M. D.
Address Balto. City Hospitals Date signed 12-26-40

75924 HENRY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 75924

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ. Hosp. 8-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3123 Ravenswood ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry F. Schamel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1872

8. AGE: Years	Months	Days	If less than one day
68	2	22	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name John F. Schamel
13. Birthplace Md.

MOTHER 14. Maiden Name Julia Marker
15. Birthplace Md.

16 (a) Informant H. M. Schamel
(b) Address 3123 Ravenswood ave. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1 1941 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Baltimore Md.

18 (a) Funeral director G. Harry Weir
(b) Address Sykesville, Md.

19 DEC 30 1940 (Date received, Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1940 to Dec 29 1940 and that I last saw h alive on Dec 29 1940

Immediate cause of death	Duration
Cardiac Failure	2 days
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Carcinoma of esophagus	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of esophagus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. C. Humphreys M. D.
Address University Hosp. Date signed 12-30-40

VS 8

Oscar S Carlson

F 75925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-a

F 75925

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman's Pk. Drive

(c) Hospital or institution: U.S. Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 6 (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carlson, Oscar Solomon

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 219-07-9895

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Hannah Arline

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 19, 1887

8. AGE: Years 53 | Months 8 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business W. T. Woolworth

FATHER

12. Name Peter Carlson

13. Birthplace Sweden

MOTHER

14. Maiden Name Hannah Gunderson

15. Birthplace Sweden

16 (a) Informant Oscar S Carlson

(b) Address Deceased

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 1, 1941 (month) (day) (year)

(c) Cemetery or crematory Brandon Burg

Location Barnett, Carroll Co. Md.

18 (a) Funeral director C. M. Walsh

(b) Address Westfield Md

19 DEC 31 1940 (Date received) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29- 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940, to 12-29 1940 and that I last saw him alive on 12-29 1940.

Immediate cause of death: Bronchopneumonia

Due to: Carcinoma of lip with multiple

Due to: metastases.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 2 days; 1 1/2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. B. W. Gunderson / Ted Jones

Address USMarine Hosp. Date signed 12-29-40

F 75926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186-W

Registered No. 75926

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

27-13

X

3 (a) FULL NAME Johanna Fitzgerald

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------

8. AGE: Years	Months	Days	If less than one day
About 78	---	--	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Edward Fitzgerald
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Buckley
15. Birthplace Ireland

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Maryland

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

DEC 31 1940 (Date rec'd) (Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-10 1940 to 12/29 1940, and that I last saw her alive on 12/29 1940.

Immediate cause of death	Duration
Coronal arteriosclerosis + Cardio-Renal disease	Years,
Due to age	
Due to Basilar Rt. Hemi. Neoplasm Primary — dx. 10/40	12 Calendar
Other Conditions terminal pneumonia. (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident?
(b) Date of occurrence Oct-10 1940
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury slipped on bath room floor

23. Signature John T. Sloan M.D.
Address 804 Cathedral Date signed 12/30/40

Howard J. Walden M.D.
Chief Medical Examiner

F 75927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-B

F 75927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 N. Caroline
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) About 63 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 N. Caroline
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME William Henry Snyder

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Dougherty
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------

8. AGE: Years	Months	Days	If less than one day
About 63	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Jones Holloway Co. Inc

FATHER
12. Name Matthew Snyder
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Bridget Jordan
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Snyder
(b) Address 1835 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears my Son
(b) Address 805 N. Calvert Street

19 (a) Dec 31 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1940, to Dec. 29 1940, and that I last saw h[illegible] alive on Dec. 29 1940.

Immediate cause of death Cerebral Embolism — Duration 1 week

Due to Arterio Sclerosis — 10 years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. V. Kelly M. D.
Address Date signed

75928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 75928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Etta Cuddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~ or ~~divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1868

8. AGE: Years	Months	Days	If less than one day
72	4	24	hr. min.

9. Birthplace Stablersville Md. (Town, county, and state)

10. Usual Occupation Superintendent

11. Industry or business Home for Aged of M. E. Church

FATHER
12. Name Wesley R. Cuddy
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael Ann Stabler
15. Birthplace Md.

16 (a) Informant J. W. Steffe
(b) Address 2723 Eylburn Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Stablersville
Location Parkton Md

18 (a) Funeral director Williams Bros
(b) Address 1217 St. Paul St

DEC 31 1940 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1940, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1940 to Dec 28 1940, and that I last saw her alive on Dec 28 1940.

Immediate cause of death	Duration
Left Hemiplegia	
Due to	
Due to	
Other Conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo E. Stamm M.D.
Address 700 N. Fulton Ave Date signed 12/30/40

75929

61434 BU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-3

F 75929

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1465 N. Carey Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Joseph Duckett

3 (b) If veteran, name war: W. W.

3 (c) Social Security Account No. 217-01-8886

4. Sex: M

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1883

8. AGE: Years 47 | Months 9 | Days 17 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Mr. Landen, Greenway Apts.

FATHER — 12. Name Bennett Duckett

13. Birthplace Marylad

MOTHER — 14. Maiden Name Sarah ?

15. Birthplace Maryland

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)

(c) Cemetery or crematory National

Location

18 (a) Funeral director Geo. H. Nelson

(b) Address 1803 Pressman St.

19 (a) (Date received by registrar) (b) Huntingtor Williams M.D.

DEC 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1940, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1940, to 12-29 1940, and that I last saw alive on 12-28 1940.

Immediate cause of death Brain Tumor — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Brain Tumor

Of autopsy

DOW

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry L. Rigdon M. D.

Address Balto City Hosp Date signed 12-29-40

F 75930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75930 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1324 Eutaw Place
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Hollingsworth Lassell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Thomas P. Lassell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 7, 1869

8. AGE: Years 81 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace: Carroll County, Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Edward Ireland
13. Birthplace: Sykesville, Md.

MOTHER 14. Maiden Name: Elizabeth Colhoun
15. Birthplace: Phila., Pa.

16 (a) Informant: Frank Howard Ireland
(b) Address: 52 Shipway, Dundalk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Greenmount & Oliver, Balto.

18 (a) Funeral director: John O. Mitchell Home, Inc.
(b) Address: 1900 Eutaw Place, Balto., Md.

19 (a) DEC 31 1940 (Local Registrar) (b) Hunter H. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29 1940 at 5.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to Dec. 29 1940 and that I last saw her alive on Dec. 28 1940.

Immediate cause of death: Cardiac failure (myocarditis) — Duration: 6 months

Due to: Cardio vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Roger M. Griffith M. D.
Address: 2435 Maryland Ave. Date signed:

F 75931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75931 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 512 W. West St

(a) Baltimore City, Maryland

(b) Street address 512 W. West St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 512 W. West St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosetta McCray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb - 21 - 1940

8. AGE: Years — Months 10 Days 7 If less than one day hr. min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Milton McCray

13. Birthplace Wearing S. Carolina

MOTHER 14. Maiden Name Esther Bingham

15. Birthplace Wearing S. Carolina

16 (a) Informant Milton McCray

(b) Address 512 W. West -

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 31 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calary

Location Balto.

18 (a) Funeral director Walter B. Spriggs

(b) Address 139 W. Hamburg St.

19 (a) 1-2-1940 (b) Huntington Williams

(Filed by) (Signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 / 28 1940, at 86. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1940 to 12/28 1940 and that I last saw her alive on 12/28 1940

Immediate cause of death: Acute Bronchitis

Due to: Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration: + Dag

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Crawley M. D.

Address 1 W — Ave Date signed 1/3 1941

75932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 75932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carolyn Wiggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	7		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation 2

11. Industry or business

FATHER
12. Name Norman Wiggins
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Julia Conquest
15. Birthplace Virginia

16 (a) Informant Mrs. Lena Wiggins
(b) Address 1728 Division Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A Halstead Williams
(b) Address 918 Druid Hill Ave

19 (a) (Signature of registrar) (b) Hunting Town Williams, M.D.

DEC 31 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940 at 720 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to first death on the day stated above.

Immediate cause of death: Broncho-pneumonia — Duration: 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G Helfrich M.D. (Medical Examiner)
Date signed 12/30/40

75933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 N. CHESTER (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME HENRY J. MILLER

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife ELIZABETH MILLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/1855

8. AGE: Years	Months	Days	If less than one day
85	10	14	— hr. — min.

9. Birthplace UNKNOWN (Town, county, and state)
10. Usual Occupation CARPENTER (RETIRED)
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant MATTHEW R. REINHOLDT
(b) Address 2103 E. FEDERAL ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/1/1941 (month) (day) (year)
(c) Cemetery or crematory TRINITY CEMETERY
Location BALTIMORE, MD.

18 (a) Funeral director Walter Rawlins Bradley
(b) Address 1922 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Hunter Wm. Williams, M.D. Registrar

DEC 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13th 1940, to Dec 29th 1940, and that I last saw him alive on Dec 29th 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 4
Due to Hypertension and Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Lankin M. D.
Address 119 N. Mulberry Date signed 1/3/1941

F 75934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B Registered No. F 75934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George E. Marchant

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-6664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence E. Marchant
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 24 1887

8. AGE: Years	Months	Days	If less than one day
53	9	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Alexander W. Marchant
13. Birthplace Matthews Co., Va.

MOTHER
14. Maiden Name Ada Lyons
15. Birthplace Petersburg Va.

16 (a) Informant Mrs. Florence E. Marchant
(b) Address 2102 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3101 Frederick Ave.

18 (a) Funeral director E. Howard Strong
(b) Address 715 Light St.

19 (a) Date filed by registrar DEC 2 1940 (b) Registrar Huntington Williams

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1940, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1940, to Dec 30 1940, and that I last saw him alive on Dec 30 1940.

Immediate cause of death	Duration
Duodenal ulcer	
Due to	
Due to	
Other Conditions Uraemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic Duodenal ulcer
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Longshein M. D.
Address Med. Gen. Hosp. Date signed 12/30/40

75935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 75935

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5220 Cuthbert Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5220 Cuthbert Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 2 8

3 (a) FULL NAME CARRIE B. MISTER

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edgar J. Mister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 7, 1872

8. AGE: Years 68 | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Somerset County, Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: White
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mr. Edgar J. Mister
(b) Address: 5220 Cuthbert Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) (Date received) (b) (Registrar) Huntington Hill

DEC 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Dec 29 1940, and that I last saw h.e alive on Dec 29 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 da.

Due to: Cerebral Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Chas Tickner

Address: 2723 St Paul St Date signed: 12/31/40

M. D.

75936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 75936

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1633 N. Fulton Ave~~

(c) Hospital or institution: Franklin Square Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1633 N. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert D'Unger

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Caroline W. D'Unger

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 26 1885

8. AGE: Years 55 | Months 6 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Business man

11. Industry or business ?

FATHER

12. Name ? D'Unger

13. Birthplace Maryland

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Son; Ellsworth

(b) Address 20 W. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 (a) DEC 31 1940 (Date registered) (b) Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/40 19 .. at 4 00 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/10/40 19 .. to 12/30/40 19 .., and that I last saw him alive on 12/30/40 19 ..

Immediate cause of death Cardiac Insufficiency

Due to Tuberculosis of Lungs

Due to Cirrhosis of the Liver

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature John P. Ulrich Jr M. D.

Address 5 Franklin Square Hosp Date signed 1/2/41

75937 BALTIMORE CITY HEALTH DEPARTMENT F 75937

CERTIFICATE OF DEATH 52-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Rodlyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Rodlyn (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Henrietta Sewell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 7 - 1862

8. AGE: Years 78 | Months | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Yes Housekeeper

MOTHER / FATHER
12. Name Richard Sewell Jr
13. Birthplace Baltimore
14. Maiden Name Emily C Walker
15. Birthplace Baltimore

16 (a) Informant Herbert Briggs Sewell
(b) Address 3411 Gatewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 - 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Charles H. Black
(b) Address 742 W North Ave

19 (a) Date rec'd by registrar (b) Registered by Williams M.D. Registrar

VS 1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 4 a AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1940 to Dec 30 1940, and that I last saw h alive on Dec 29 1940.

Immediate cause of death Uraemic Coma — Duration in Dec 22

Due to Carcinoma of right kidney 2

Due to 1

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Evans M. D.
Address 614 W 40 St Date signed

75938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 75938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5503 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Fournier

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	220 09 9642	Male	White	Married

6 (b) Name of husband or wife ALVINE FOURNIER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 1 1861

8. AGE: Years	Months	Days	If less than one day
74	8	29	hr. min.

9. Birthplace CHICAGO ILL. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business MD. CASUALTY CO.

FATHER
12. Name BENNO FOURNIER
13. Birthplace FRANCE

MOTHER
14. Maiden Name UNKOWN
15. Birthplace FRANCE

16 (a) Informant ALVINE FOURNIER (WIFE)
(b) Address 5503 PARK HEIGHTS AVE.

17 (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC. 31/40 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE. ST.

19 (a) Filed by registrar (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1940, to Dec. 28 1940, and that I last saw h. alive on Dec. 28 1940.

Immediate cause of death Acute Pulmonary Edema — Duration 6

Due to Heart failure

Due to Arteriosclerotic CVD

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. B. Burgan M.D.
Address Md. General Hosp. Date signed 12-29-40

F 75939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G Registered No. F 75939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 Mallon Hill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sarah E. Palmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	27	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Palmer
13. Birthplace Md

MOTHER
14. Maiden Name Susan Neff
15. Birthplace Md.

16 (a) Informant Mrs Lillian Buckingham
(b) Address 1632 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Albert W Berger
(b) Address 440 E. North Ave

19 (a) DEC 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 40 at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 19 40 to Dec 29 19 40, and that I last saw h[illegible] alive on Dec 29 19 40.

Immediate cause of death	Duration
Sub arachnoid hemorrhage	5 days
Due to arteriosclerosis	10 years
Due to	
Other Conditions Tuss	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature James R Dwyer M. D.
Address St. Agnes Hosp. Date signed Dec 29/1940

VS 3

F 75940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

F 75940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Rutland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1857

8. AGE: Years	Months	Days	If less than one day
83	9	8	hr. min.

9. Birthplace St. Marys Co. Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph Travers
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Milburn
15. Birthplace Md.

16 (a) Informant Lucy Travers
(b) Address 1024 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-41 (month) (day) (year)
(c) Cemetery or crematory Holly Grove
Location St. Marys Co. Md.

18 (a) Funeral director Sam'l. M. Thompson
(b) Address 638 N. Pine St.

19 (c) DEC 31 1940 Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1940, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940, to Dec 29 1940, and that I last saw her alive on Dec 29 1940.

Immediate cause of death	Duration
Carcinoma of Liver	
Due to —	
Due to —	
Other Conditions General Carcinomatosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. L. Thomsen M. D.
Address 733 Argyle St Date signed 12/30/40

VS 3

75941 HEALTH DEPARTMENT—CITY OF BALTIMORE 75941

CERTIFICATE OF DEATH ✓ 114-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Harlem Ave 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Whittington

If U. S. Veteran specify WAR

(a) Residence: No. 1710 Harlem Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Eli Whittington

6. DATE OF BIRTH (month, day, year): Sept 27 1865

7. AGE: Years 75 | Months 3 | Days — | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Alex Pratt

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nancy Estep

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Gene Whittington

(Address): 1710 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Olivet Date: 12-31, 1940

19. UNDERTAKER: Lloyd W. Chase & Son

(Address): 501 N. Gilmor St

DEC 31 1940 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 1 1940 to Dec 27 1940

I last saw her alive on Dec 27 1940 Death is said to have occurred on the date stated above, at 4:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Howell M. D.

(Address) 601 N. Broadway City

INSTRUCTIONS: Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 75942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 75942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Biddle (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-07

8. AGE: Years	Months	Days	If less than one day
33	-	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walter Mills
13. Birthplace Md.

MOTHER
14. Maiden Name Grace Smith
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 31 1940 (b) Katie R. Williams, Mrs. Registrar
(Registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940 at 7:48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Dec 27 1940 and that I last saw her alive on Dec 27 1940.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Consist. of 2 lobes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Tierney M. D.
Address Johns Hopkins Hosp Date signed 12-28 1940

VS 3

F 75943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 75943

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yr (d.f.o.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1066 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

18 ✓

3 (a) FULL NAME George Preses ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1927

8. AGE: Years	Months	Days	If less than one day
13 yr.	4	1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation School child

11. Industry or business

FATHER
12. Name Joseph Preses
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Maria Bates
15. Birthplace Baltimore, Md

16 (a) Informant Mother + Father
(b) Address 1066 Vine ST

17 (a) Buried (Burial, cremation or removal) (b) Date thereof 12/31/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Balto Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 31 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1940, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1940, to 12-28 1940, and that I last saw him alive on 12-28 1940.

	Duration
Immediate cause of death: Tuberculous Meningitis	1 week (3)
Due to:	
Due to:	
Other Conditions: Pulmonary Tuberculosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. K. Reese M. D.
Address Sydenham Hospital Date signed 12/29/40

75944 390490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √107

Registered No. E 75944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N. Rose (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Crupi

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 215-10 1083

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): 1-18-1900

8. AGE: Years: 40 | Months: 11 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Michael Crupi
13. Birthplace: Italy

MOTHER
14. Maiden Name: Josephine
15. Birthplace: Italy

16 (a) Informant: Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2nd 41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Pikesville Md

18 (a) Funeral director: Geo M Fowler Son
(b) Address: 811 N Howard St

19 (a) DEC 31 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1940, at 110 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940, to Dec 30 1940, and that I last saw h. alive on Dec 30 1940.

Immediate cause of death: respiratory failure — Duration: 6 d

Due to: Pleuritis, bronchitis, pneumonia — Duration:

Due to: — Duration:

Other Conditions: gonorrhea, Diabetes Mellitus (Include pregnancy within 3 months of death) — Duration: 4 a.

Major findings:
Of operations: inflammation of neck.
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Russell R. Dietz M. D.
Address Date signed

OVER

F 75945

50-5-1 215-05-2530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75945

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument E. & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 E. Fairmount
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Meyer Agatstein

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-05-2530

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Germany Hill Rd

18 (a) Funeral director Louis Levin Inc
(b) Address 1439 E. Balto St

19 (a) DEC 31 1940 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1940 at 0.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1940 to 12-30 1940 and that I last saw him alive on 12-30 1940.

Immediate cause of death

Ventricular fibrillation — Duration 1 minute
Due to Coronary occlusion — 45 min.
Due to Arteriosclerotic C-V disease — Indefinite
Other Conditions Diabetes mellitus — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abbie Hertz, M.D.
Address Sinai Hospital Date signed 12/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

(over)

F 75946 F 75946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2316 Whittier Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Whittier Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Abraham Orenstein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Fannie Orenstein
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Poland

MOTHER 14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Harry Rosenberg
(b) Address 2316 Whittier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory Workman Circle
Location Hebrew Mt. Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) (Date received by registrar) 12-31-40 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30-40 19 , at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1934 to Dec 30 1940 and that I last saw him alive on Dec 30 1940

Immediate cause of death
General Arteriosclerosis
Chr myocar dosis

Duration
1934
1934

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M. D.
Address 129 S. Bway Date signed 12/31/40

WS 8

75947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 75947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2134 PRESSTMAN
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 PRESSTMAN ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

15 33

3 (a) FULL NAME HARRY BERGER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-3348

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife HARY

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 20, 1874

8. AGE: Years 66 | Months 11 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation DESIGNER

11. Industry or business

FATHER
12. Name BEREL BERGER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name LENA
15. Birthplace RUSSIA

16 (a) Informant ROBERT BERGER
(b) Address 3602 BELLE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-31-40 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PIKE RD & HAMILTON AVE

18 (a) Funeral director Jack Singer Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 15

20. DATE OF DEATH 12-30-40 19__, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1938 to DEC 30 1940 and that I last saw him alive on Dec 28 1940

Immediate cause of death Cerebral Embolism — Duration unknown

Due to Chronic Cardiovascular renal disease — Duration several years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer
Address 506 E. North Ave Date signed 12/31/40 M. D.

VS 2

F 75948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Madison ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Madison ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Clarence Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1907

8. AGE: Years	Months	Days	If less than one day
33	4	27	hr. min.

9. Birthplace Middletown, Pennsylvania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Clarence Sittler
FATHER 13. Birthplace Pennsylvania
MOTHER 14. Maiden Name Angel Dunkins
MOTHER 15. Birthplace Pennsylvania

16 (a) Informant Eugene Baymon
(b) Address 684 Josephine St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory Middletown
Location Pennsylvania

18 (a) Funeral director A. Halstead
(b) Address 818 Druid Hill Ave

DEC 31 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 11-45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coma & Syndrome	
Hypertrophy of left ventricle	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 12/29/40

VS 6

75949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 75949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution: Church Home & Inf. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4228 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME JAMES H. BAKER Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1924

8. AGE: Years	Months	Days	If less than one day
16	11	23	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name James Baker
13. Birthplace North Carolina

MOTHER
14. Maiden Name Blanche Schlosser
15. Birthplace Maryland

16 (a) Informant Mrs. James Baker
(b) Address 4228 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wittke
(b) Address 4101 Edmondson Ave

19 (a) DEC 31 1940 (Date received by local registrar) (b) Harry H. Wittke Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28, 1940, to Dec 28, 1940; and that I last saw him alive on Dec. 28, 1940.

	Duration
Immediate cause of death: Cardio-Respiratory Failure	5 min.
Due to: Uremia Glomerulonephritis	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Cole M. D.
Address C.H.I. Hosp. Date signed 12/28/40

75950 * F 75950

HEALTH DEPARTMENT—CITY OF BALTIMORE

75950

CERTIFICATE OF DEATH

213-038601

30-G

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E. 23rd St.) (12th Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Walter Eggers

If U. S. Veteran specify WAR _____

(a) Residence: No. 807 Edmondson Ave. St., Catonsville Rd. Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carolina Gleisner Eggers

6. DATE OF BIRTH (month, day, year) Oct. 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
56	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Philip Amburger

10. Date deceased last worked at this occupation (month and year) Sept. 1902 - 8601 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brest. Md.

FATHER

13. NAME Telaus Eggers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Speller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Walter Eggers
(Address) 807 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Brest. Cem. Date Jan. 1/41 19

19. UNDERTAKER Harry H. Smith
(Address) 4101 E. Monument Ave

20. FILED _____ 19___ _____ Registrar.

DEC 31 1940

Thomas Leroy Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/40 19

22. I HEREBY CERTIFY, That I attended deceased from July 9 1940 to Dec 29 1940 that last saw he alive on Dec. 29 1940 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 29
Other contributory causes of importance:	
Phlebitis	1939
Syphilis, tertiary	1923

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. Vogt Jr. M. D.

(Address) St. Paul & 22nd St. Baltimore, Md.

F 75951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75951

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 W. 30th St
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 W. 30th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Hickman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles Hickman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1888

8. AGE Years	Months	Days	If less than one day
52	3	12/13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Robert Amos
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Maryland

16 (a) Informant Mrs. Katherine Juratovac
(b) Address 1717 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Henry Sander & Son Inc.
(b) Address North Ave. & Broadway

19 (a) DEC 31 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1940 at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.
Date signed 12-29-40

VS 6

F 75952 CORRIE F 75952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 E 21st St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 E. 21st St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Corrie Fl O'Gallagher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 73 | Months - | Days - | If less than one day hr. — min

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation At Home

11. Industry or business Housework

FATHER 12. Name James L Gallagher
13. Birthplace Phila Pa.

MOTHER 14. Maiden Name Mary L Stevens
15. Birthplace Maryland

16 (a) Informant Louise Wiedefeld
(b) Address 503 E 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 2 1941 (month) (day) (year)

(c) Cemetery or crematory St Mary Europe
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 42nd St

19 (a) DEC 31 1940 (Date received by registrar) (b) Huntingtown Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1940, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25-1920, to 12-29-1940, and that I last saw her alive on Dec. 29, 1940

Immediate cause of death Cardio-vascular renal disease — Duration Numerous

Due to Arteriosclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Gilbert M. D.
Address 1801 Harford Ave Date signed 12-31-40

VS 3

F 75953 61890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15

✓ F 75953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 N. Duncan Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Krybak, Baby Girl (Doris)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1940

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Maryland, Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James L. Krybak
13. Birthplace Md.

MOTHER
14. Maiden Name Doris Brannan
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (b) Date thereof 12/24/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crematory
Location 6 S H

18 (a) Funeral director
(b) Address

19 DEC 31 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1940 to Dec 16 1940 and that I last saw her alive on Dec 16 1940

Immediate cause of death
Prematurity — Duration 2 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Loeber M. D.
Address 13 C Hosp Date signed 12/2[illegible]

VS 3

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 75954

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 66 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 South Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 66 years

3 (a) **FULL NAME** Antoni Gruscynski

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife: Jozefa - Dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1871

8. AGE: Years 69 | Months 5 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Annie
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director John J. Duda
(b) Address 2[illegible] Hudson St

19 (a) DEC 31 [illegible] (Date rec'd by registrar) (b) Registered by Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 1940, at 5:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29, 1940 to Dec. 30, 1940, and that I last saw him alive on Dec. 30, 1940.

Immediate cause of death: Diabetes mellitus with coma — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address U. S. Marine Hospital, Baltimore, Md. Date signed 12/30/40 M. D.

F 75955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 75955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 N. Dickeman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Dickeman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella M. Deery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1. 1856

8. AGE: Years 84 | Months 2 | Days 29 30 | If less than one day hr. min.

9. Birthplace Balto, [illegible] Co., Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Jas Spee

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Kivlin

15. Birthplace Irelandi

16 (a) Informant Miss Mary Deery

(b) Address 211 Dickeman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 1941 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto, Md.

18 (a) Funeral director Morgan A. Flynn

(b) Address 1422 Light St.

19 Dec 31 1940 (date received) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940, at 12:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Dec. 31 1940, and that I last saw her alive on Dec. 30 1940.

Immediate cause of death: Acute dilatation of Heart — Duration: 2 days

Due to: Arteriosclerosis — Duration: Indefinite

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Campbell M. D.

Address 1644 Hanover St Date signed 12/31/40

VS 1

F 75956 ✓ F 75956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 751 N. Kenwin ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto Co

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 751 N. Kenwin ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry August Smith

3 (b) If veteran, name war: World

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Frances J. Smith

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) April 10, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	8	20		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation (Retired) Traffic Officer (Retired)

11. Industry or business Balto. Police Dept.

FATHER
12. Name John G. Smith
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Agna W. Kowalsky
15. Birthplace Germany (Kowalski)

16 (a) Informant Frances J. Smith (Wife)

(b) Address 751 N. Kenwin ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem.

Location Anne Arundel Co. Md.

18 (a) Funeral director A. Howard Evans

(b) Address 1400-02 E. Baltimore St.

19 (a) Date received by registrar DEC 31 1940 (b) Hunting Wm. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 Dec 1940, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7 Dec 1940 to 30 Dec 1940, and that I last saw h[im] alive on 30 Dec 1940.

Immediate cause of death: Coronary Embolism — Duration: 3 mos +

Due to: Malignant Hypertension — 9 yrs 10 mos +

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature Frances J. Smith

Address 3534 Ellerslie Date signed 30/XII/40 M. D.

75957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W E 25957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Home for Incurables
(b) Street address
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Kingsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chas. Edward Cloman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1880

8. AGE: Years 60 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Kingsville, Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name James F. Cloman
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes A. Moore
15. Birthplace Kingsville, Md.

16 (a) Informant Home for Incurable Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- -41 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Kingsville Md

18 (a) Funeral director R. E. Arthur
(b) Address York Road Towsontown, Md.

19 (a) (b) Registrar

DEC 31 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1940, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1940 to 12/31 1940, and that I last saw him alive on 12/30 1940

Immediate cause of death Coronary Occlusion — Duration 48 hours

Due to

Due to Arthritis deformans. — 22 years
Hypertension (Benign) — 7 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clifton Hesperger M. D.
Address 214 Medical Arts Bldg Date signed 12/31/40

75958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 75958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 N. Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Benton Foshall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife. Clara E. Foshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 - 1858

8. AGE: Years 82 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Shamburg, Balto. Co., Md. (town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Retired

FATHER 12. Name Jacob Foshall

13. Birthplace Maryland

MOTHER 14. Maiden Name Phoebe Frowble

15. Birthplace Maryland

16 (a) Informant Roy B. Foshall

(b) Address 2012 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1 1941 (month) (day) (year)

(c) Cemetery or crematory Middletown

Location Baltimore Co., Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) Date received DEC 31 1940 (b) Registrar Huntington Willis, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Dec 29 1940, and that I last saw him alive on Dec 28 1940.

	Duration
Immediate cause of death Cardiac decompensation	4 hrs
Due to Arterio-sclerosis & chronic nephritis	6 yrs
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 5416 W 36th St. Date signed 12/30/40

F 75959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73-D

Registered No. F 75959

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 25 days
(e) Length of stay in Baltimore (yrs., mos., or days): 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Virginia (b) County:
(c) City or town: Arlington
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 611 25th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-6

3 (a) FULL NAME: Carrie MOORE

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lawrence Moore

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 30, 1865

8. AGE: Years 75 | Months 9 | Days 0 | If less than one day: hr. min.

9. Birthplace: Mobile, Alabama (Town, county, and state)

10. Usual Occupation: None

11. Industry or business:

FATHER
12. Name: Joseph E. Klumph
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary C. Livingston
15. Birthplace: Unknown

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof: 12-31-40 (month) (day) (year)
(c) Cemetery or crematory: Lee's Crematory
Location:

18 (a) Funeral director: Lee Funeral Home
(b) Address: 700-4th st NE Wash. DC

DEC 31 1940 (Date filed by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30, 1940, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5, 1940, to Dec. 30, 1940, and that I last saw him alive on Dec. 30, 1940.

Immediate cause of death: Aplastic anemia — Duration: 1 year

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Huntington Williams M.D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 12/31/40

VS 8

75960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

E 75960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Portland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT BESSLING

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1873

8. AGE: Years	Months	Days	If less than one day
67	9	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Lunch Room

FATHER 12. Name Herman Bessling

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Lawman

15. Birthplace Maryland

16 (a) Informant Mrs. Mary Bessling

(b) Address 1039 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/41 (day) (yr.)

(c) Cemetery or crematory [illegible]

Location Balto Md

18 (a) Funeral director George Leinhardt

(b) Address 526 N Dipkhurst St

DEC 31 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1940 at 12:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular terminal	
Due to Bronchial Asthma	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 12-30-40

VS 6

75961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 75961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 86 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1723 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Mary P. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas B. Lewis
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 28, 1854

8. AGE: Years	Months	Days	If less than one day
86	6	22	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name John L. Ashcom
13. Birthplace Maryland

MOTHER
14. Maiden Name Robert Ann Bean
15. Birthplace Maryland

16 (a) Informant Miss Mary P. Lewis
(b) Address 1723 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (Date received) DEC 31 1940 Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19--, to Dec 30 1940, and that I last saw her alive on Dec 30 1940

Immediate cause of death Bronchial Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Arteriosclerosis — many years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis M. Bluck M. D.
Address 715 Park Ave Date signed 12/31/40

A certified copy of this certificate, with certain information omitted, may be obtained for a small fee. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 75962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 N. Luzerne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Luzerne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Neuschaefer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0914

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1876

8. AGE: Years	Months	Days	If less than one day
64	I	II	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business

FATHER
12. Name Julius Neuschaefer
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Marie Neuschaefer
(b) Address 818 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I /2/4I (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-3 E. Madison St.

19 DEC 31 1940 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 194 , at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935, to Dec 29 1940.
and that I last saw him alive on Dec 29 1940.

Immediate cause of death Coronary Thrombosis

Due to Coronary sclerosis 9 yrs

Due to Arteriosclerosis

Other Conditions Prostatic Hypertrophy over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel H. Peters M. D.
Address 516 N. Paca St. Date signed 12-31-40

VS 2

Please write plainly, with unfading ink. Every item of information should be given or "unknown" supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

V 5989444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 25963

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Berryville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Godfrey Phillipps
3 (b) If veteran, name war
3 (c) Social Security Account No. 278-01-4241

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace CANADA (Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name Thomas Phillipps
13. Birthplace England

MOTHER
14. Maiden Name Cath Myers
15. Birthplace Canada

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 3 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Henry W Lautenbacher Sons
(b) Address 1110 Eutaw Orchard

DEC 31 1940 (Date rec'd by registrar) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 845 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1940 to Dec 30 1940, and that I last saw h. alive on Dec 30 1940.

Immediate cause of death	Duration
Peritoneal Hemorraghe	24 hrs
Due to Cirrhossis of the Liver (Non-Alcoholic)	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Swingwald
Address Johns Hopkins Hospital Date signed 12/30/40

VS 8

75964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 75964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Bolton St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto City
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Bolton
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Louise Brush Passapae

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced** Widow

6 (b) Name of husband or wife Charles D. Passapae **6 (c) If alive, give age** — years

7. Birth date of deceased (mo., day, yr.) Jan-26-1856

8. AGE: Years 84 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name William Gorsell
13. Birthplace NY City

MOTHER
14. Maiden Name Louise Brush
15. Birthplace NY City

16 (a) Informant M. Mrs. M. Passapae - (son)
(b) Address 1727 Bolton St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan-2-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Edward Moran Co.
(b) Address 108 W Mount Ave.

19 (a) ____ (Date rec'd by registrar) **(b)** Huntington Williams M.D. (Registrar)

DEC 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1940 at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1940 to Dec 30 1940, and that I last saw h[e] alive on Dec 29 1940.

Immediate cause of death Arteriosclerosis
Myocardial degeneration — Duration 15 yrs Feb 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H G Jones

Address 2818 St Paul Date signed 1/3/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 75965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 75965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4636 Sekenley Rd
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4636 Sekenley Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) Life years

3 (a) FULL NAME Joseph Charles Johnson

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katie W. Johnson
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct. 27-1872

8. AGE: Years	Months	Days	If less than one day
68	2	3	— hr. — min.

9. Birthplace Stanford Co. Md.
(Town, county and state)
10. Usual Occupation Retired.
11. Industry or business none

FATHER
12. Name Charles Johnson
13. Birthplace Stanford Co. Md.

MOTHER
14. Maiden Name Charlotte Lamb
15. Birthplace Stanford Co. Md.

16 (a) Informant Mrs. Katie W. Johnson (wife)
(b) Address 4636 Sekenley Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/1/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore City.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 1041 Monroe Ave.

19 (a) (Date received by Registrar) (b) Registrar

DEC 31 1940
VS P

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940, to Dec 30 1940, and that I last saw h[illegible]ive on Dec 30 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Myocarditis Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Straby M.D.
Address 1402 Park Ave Date signed 12/30/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 75966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Maine Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Maine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Eggert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Agnes Eggert
(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 15, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	15	hr. min.

9. Birthplace Brooklyn, N.Y. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Brooklyn, N.Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace Brooklyn, N.Y.

16 (a) Informant Mrs Agnes Eggert
(b) Address 4307 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St

DEC 31 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1940 to Dec. 30 1940, and that I last saw him alive on Dec. 27 1940.

Immediate cause of death	Duration
Due to Acute Cardiac Dilatation	4 hrs.
Due to Chronic Myocarditis	several years
Other Conditions Old age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlow Estabrook
Address Med. Arts Bldg Date signed 12-31-40 M. D.

VS 3

75967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ F 75967

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Hackney Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3440 Hackney Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Thomas LEO DOYLE ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2 [redacted]

8. AGE: Years	Months	Days	If less than one day
41 3T	2	5	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin F. Doyle
13. Birthplace Pikesville. Md.

MOTHER
14. Maiden Name Katherine Grimes
15. Birthplace Balto. Md.

16 (a) Informant Edith A. Doyle
(b) Address 2746 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2/41. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Harry H. Mitthe
(b) Address 401 Edmondson Ave

19 (a) Huntington Williams M.D.
(Date received) (Registrar)

DEC 31 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1940, at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, Pulmonary chronic	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-30-40

75968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 75968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5406 Greenhill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. Chapel Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Stella Nickel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Nickel
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 26 1881

8. AGE: Years	Months	Days	If less than one day
59	5	4	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Vitak
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Klima
15. Birthplace Bohemia

16 (a) Informant John Nickel
(b) Address 19 E. Chapel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Grack & Son
(b) Address 900 N. Chester St

19 (a) Date received DEC 31 1940 (b) Signature and title of Registrar Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1940 to Dec 30 1940, and that I last saw him alive on Dec 29 1940.

Immediate cause of death	Duration
Acute pulmonary oedema	1 day
Due to Chronic myocardial disease	2 yrs.
Due to Arteriosclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Williams M. D.
Address 4116 Northern Parkway Date signed 12/31/40

H. Nickel

75969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. E 75969

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Maryland Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 1 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otis Green Green

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 1875

8. AGE: Years 66 | Months 37 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Asheville Ala. (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER
12. Name James T. Green
13. Birthplace Asheville Ala

MOTHER
14. Maiden Name Margaret Ashley
15. Birthplace Ala

16 (a) Informant Evelyn Green
(b) Address Asheville Ala

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-1-41 (month) (day) (year)
(c) Cemetery or crematory London, MD
Location Baltimore

18 (a) Funeral director Frank Hoen
(b) Address 814 W 36 St

19 JAN 1 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1940, at 10 29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__, to 19__, and that I last saw h[illegible] alive on 12-31 1940.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S W Foulois M. D.
Address St Agnes Date signed 12/31

Nr colon Maehnd 940.

F 75970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 75970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., ~~mos., or dys~~) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Ashburton St (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Abraham Moses Forschleger
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Alma
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1875
8. AGE: Years 65 | Months | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Re Real Estate
11. Industry or business Self
FATHER 12. Name Rafel Forschleger
13. Birthplace Poland
MOTHER 14. Maiden Name Ena Forschleger
15. Birthplace Poland
16 (a) Informant Philip Forschleger
(b) Address 1719 Ashburton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad Pa
18 (a) Funeral director Jack Lamm Jr
(b) Address 1439 E Balto St
19 (a) Date received JAN 1 1941 (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940 at M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1931, to Dec 31 1940, and that I last saw him alive on Dec 31 1940.

Immediate cause of death	Duration
Acute Coronary occlusion	
Due to Arterio-Sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Bernard J. Cohen M. D.
Address Marchmont Date signed 1-1-41

VS 3

F 75971

BALTIMORE CITY HEALTH DEPARTMENT 93-D

CERTIFICATE OF DEATH

Registered No. F 75971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 Calvin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Calvin Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine A. Scalley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Malachi Scalley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26th 1860

8. AGE: Years	Months	Days	If less than one day
80	5	4	..... hr. ..... min.

9. Birthplace Texas Md.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business Self

FATHER
12. Name Michael Duke
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Manning
15. Birthplace Virginia

16 (a) Informant Katherine H. Scalley
(b) Address 401 Calvin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

19 (a) JAN 1 1941 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1940, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1918, to Dec. 30 1940, and that I last saw h~~er~~ alive on Dec. 30 1940

	Duration
Immediate cause of death: Cardiac decompensation	3 days
Due to: Cardio vascular hypertensive disease	15 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. M. Scalley M.D.
Address 2435 Maryland Ave Date signed 12/31/40

75972 Kleinsmith ✓ 83-a F 75972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 Washburn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Washburn Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morton Kleinsmith
3 (b) If veteran, name war
3 (c) Social Security Account No. none
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Hattie F. Kleinsmith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) dec 23 1880
8. AGE: Years 60 Months — Days 6 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Cake Icer
11. Industry or business Steam Bakery
12. FATHER Name Christopher Kleinsmith
13. Birthplace Balto Md
14. MOTHER Maiden Name Mary Entholzer
15. Birthplace Germany
16 (a) Informant Mrs. C. Kleinsmith
(b) Address 222 Washburn Av
17 (a) (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Druid Hill Ave
18 (a) Funeral director Joseph Sidney Sons
(b) Address 1718 Eutaw St
19 (a) JAN 1 - 1941 (Date received by registrar) Huntington Wilson Registrar (b) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1940, at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 1936 19 , to 12-29 1940, and that I last saw h alive on 12-29 1940

	Duration
Immediate cause of death: Cerebral Hemorrhage	12-29-40
Due to: Hypertension	4 yrs.
Due to:	
Other Conditions: Myocardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Lawrence M. Lewis M. D.
Address 104 W. Madison St Date signed 12-31-40

VS 3

75973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C ✓ F 75973

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2234 Brookfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 2
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Brookfield Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ida E. Ingman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank Ingman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10-1859

8. AGE: Years	Months	Days	If less than one day
81	6	20	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Stephen T. Mac Donald
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Trigg
15. Birthplace Maryland

16 (a) Informant Miss Anne Mac Donald
(b) Address 2234 Brookfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2-1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Chas. C. Franck
(b) Address 802 Madison Ave
Huntington Williams Hill

19 (a) [illegible] 1941 (b) [illegible] Registrar

JAN 2 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 - 1940 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1940 to Dec. 30 - 1940, and that I last saw h[illegible] alive on Dec. 30 - 1940.

Immediate cause of death	Duration
Arterio Sclerosis Hyp. Heart	10 yrs
Coronary Thrombosis, " "	1 2 hrs.
Due to Senile Changes,	
Cerebral Hemorrhage,	2 hrs
Due to Cardiac decompensation	
Other Conditions Pulmonary Congestion - Terminal	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 218 S. Maryland Ave Date signed 1/1/41

75974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 Registered No. F 75974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD + CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 WINDEMERE AVENUE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH LEO HOUFF

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Katie Houff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 12, 1887

8. AGE: Years	Months	Days	If less than one day
53	6	19	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation GROCER
11. Industry or business

FATHER
12. Name JACOB HOUFF
13. Birthplace MARYLAND

MOTHER
14. Maiden Name KATHERINE TOBIN
15. Birthplace OHIO

16 (a) Informant Next Of Kin
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (month, day) (year)
(c) Cemetery or crematory St. Johns
Location Frederick, Md.

18 (a) Funeral director A. F. Moran
(b) Address 3009 E. Baltimore

JAN 1 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 31, 1940, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 19 1940 to DEC 31, 1940, and that I last saw him alive on DEC. 31, 1940.

Immediate cause of death	Duration
UREMIA	
Due to NEPHROSCLEROSIS	
Due to MALIGNANT HYPERTENSION	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Rabbit, Jr. M. D.
Address Union Memorial Hospital Date signed 1-2-41

VS 8

PRESS WHITE PANEL, WITH UNLEADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75975

BALTIMORE CITY HEALTH DEPARTMENT 93-D ✓ Registered No. E 75975

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 S. Potomac St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary G. Gilbert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Andrew F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22-1878

8. AGE: Years 62 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Brady
13. Birthplace New York

MOTHER
14. Maiden Name Mary Reddy
15. Birthplace England

16 (a) Informant Pauline E. Gilbert
(b) Address 33 S. Potomac

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2-41 (month) (day) (year)

(c) Cemetery or crematory New Bath
Location Old Frederick Rd

18 (a) Funeral director John Q. Moran
(b) Address 3000 E. Baltimore St.

JAN 1 - 1941 (Date Rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1940 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to 12-30 1940 and that I last saw her alive on 12-30 1940

Immediate cause of death	Duration
Chronic myocarditis	
Due to Parkinson's disease	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. J. Gould M. D.
Address 147 N. Eastern Ave. Date signed 12-31-40

VS 8

Please write plainly, with undoing ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 75976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessup
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Elaine Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1940

8. AGE: Years	Months	Days	If less than one day
	2	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene Carter
13. Birthplace Jessup Md

MOTHER
14. Maiden Name Naomi Kent
15. Birthplace Baltimore Md.

16 (a) Informant mother.
(b) Address

17 (a) Burial (b) Date thereof 1 2 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Guilford
Location Howard Co. Md.

18 (a) Funeral director The W. G. White Co.
(b) Address Laurel Md.

19 (a) JAN 1 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31- 1940 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1940, to 12-31 1940, and that I last saw her alive on 12-31 1940.

Immediate cause of death	Duration
Bronchopneumonia	1 Week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 12-31-40

75977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. E 75977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sattie Short

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Walter D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	16	hr. min.

9. Birthplace Hancock Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Walter D. Short
(b) Address 1746 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. F. Holland
(b) Address 1631 Druid Hill Ave

JAN 1 - 1941 (Date rec'd) (Registrar) Wm. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1940, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1940, to 12-30 1940, and that I last saw h[illegible] alive on 12-30 1940.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to Coronary Sclerosis	3 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Musaander M. D.
Address Provident Hospital Date signed 12-30-40

VS 2

Please write FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

75978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c ✓ F 75978

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 2000 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3150 Leeds Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES ARNOLD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Arnold
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schull
15. Birthplace Germany

16 (a) Informant Francis Schad
(b) Address 210 N. Milton Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 8 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Frederick D. Miller Jr.
(b) Address 3019 E. Monument St.

19 (a) JAN 1 - 1941 (Date rec'd by registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Pneumonia, hypostatic congestion, bilateral	
Due to Fracture, left tibia and fibula	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 18, 1940
(c) Where did injury occur? Eaton & Williams Alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)

Date signed

75979

BALTIMORE CITY HEALTH DEPARTMENT 94-a V E 75979
Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 S Bond st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Frank Sadowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation ~~Tailor~~ Tailor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant John Sadowski
(b) Address 1724 E Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Linn st

19. JAN 1 - 1941 (Date received by Registrar) Henrietta Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Vander Veer M.D.
Medical Examiner.
Date signed 1/1/41

VS 6

75980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 75980 Registered No.

LH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 26 K
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4940 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Murray Meisler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1866

8. AGE: Years	Months	Days	If less than one day
74 73	4	7 8	..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Hyattsville Md

18 (a) Funeral director D. J. Hoffman & Son
(b) Address Hyattsville, Md.

JAN 1 - 1941 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1940, at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-14 1940, to 12-31 1940, and that I last saw h[illegible] alive on 12-31 1940.

Immediate cause of death	Duration
Bronchopneumonia	? 3 days
Due to Cardiac failure	?
Due to Hyp. arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathon M. D.
Address Balto. City Hosp. Date signed 1-4-41

VS 3

F 75981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 F 75981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County St. Mary's
(c) City or town Rural - Mechanicsville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Holly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 - 1940

8. AGE: Years	Months	Days	If less than one day
	4	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ernest Holly
13. Birthplace Md

MOTHER
14. Maiden Name Mary Holt
15. Birthplace Md

16 (a) Informant Ernest Holly
(b) Address St Mary Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)

(c) Cemetery or crematory
Location St Mary Co Md

18 (a) Funeral director Lloyd T. Nelson
(b) Address 1303 Christiana St

19 (a) (Date received by registrar) (b) Hunting to Williamsport, Md

VS JAN 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1941, at 2 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1940 to 1-1 1941, and that I last saw h(im) alive on 1-1 1941.

Immediate cause of death Acute Gastro enteritis
from - specific diarrhea — Duration 15 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. P. Musumeci M. D.
Address Provident Hospital Date signed 1-1-41

F 75982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 75982 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Greenwillow Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Crockett

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-01-6832

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48		Unk.	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Labourer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Viola Johnson
(b) Address 1439 Argyle ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holland
(b) Address 918 Druid Hill Ave

19 (a) Date received by Registrar JAN 2 1941 (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1940, at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Dec 28 1940, and that I last saw h[illegible] alive on Dec 28 1940

Immediate cause of death: Cerebral Arteriosclerosis with Softening of Brain — Duration: 3 weeks
Due to
Due to
Other Conditions: Purulent Conjunctivitis (Bilateral) — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address University Hosp. Date signed 12-31-40

VS 3

F 75983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 75983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1000 FREDERICK ROAD, IRVINGTON

(c) Hospital or institution: PINECREST SANITORIUM

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 MON.

(e) Length of stay in Baltimore (yrs., mos., or days) 2 5-4

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH REBECCA TORBIT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife PETER TORBIT

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JUNE 10, 1857

8. AGE: Years	Months	Days	If less than one day
83	6	21	hr. min.

9. Birthplace BALTO. Co., MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name WILLIAM CORBIN

13. Birthplace PENNA.

MOTHER 14. Maiden Name CATHERINE BARCHNER

15. Birthplace PENNA.

16 (a) Informant MR. WM. LLOYD TORBIT

(b) Address 106 E. PENNA. AVE., TOWSON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)

(c) Cemetery or crematory PROVIDENCE METHODIST

Location PROVIDENCE, BALTO. Co., MD.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Maryland

19 (a) Date received by Registrar JAN 2 1941 (b) Filing No. 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 31, 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to Dec 31, 1940 and that I last saw h[illegible] alive on Dec 31 1940.

Immediate cause of death Arteriosclerotic Heart disease Heart failure

Operation Partial yes. Autopsy No

Due to

Due to

Other Conditions Malignant tumor Epithelioma scalp - Right side

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature D. Earl Pace M. D.

Address 4001 Wilkens Ave Date signed Jan 1-41

VS 3

F 75984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 75984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sc. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Kennedyville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Bertram V. Wilburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace Rochester N.Y.
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business General Electric

FATHER
12. Name Dr. Arthur Wilburn
13. Birthplace Rochester

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Roy Mitchell
(b) Address Kennedyville

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 3 1941 (month) (day) (year)
(c) Cemetery or crematory Schwartzburg
Location Schwartzburg

18 (a) Funeral director R. R. Fulton
(b) Address Kennedyville Md

19 (a) (Date rec'd by registrar) **(b)** Registrar

JAN 8 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 31 1940 at 6 59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940 to 12-31 1940 and that I last saw h alive on 12-31 1940.

Immediate cause of death Ventricular fibrillation — **Duration**
Due to Complete heart block
Due to Hypertension Arteriosclerosis and Acute Coronary Disease
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. G. Travis M. D.
Address Balto. Gen. Hosp. **Date signed** 12-31-40

F 75985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 75985 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkes & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Seminole Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Margaret Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1923

8. AGE: Years	Months	Days	If less than one day
17	6	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Leo Theodore Brumm
13. Birthplace Md.

MOTHER 14. Maiden Name Anna Mary Dyson
15. Birthplace Md

16 (a) Informant Theodora Brumm
(b) Address Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)
(c) Cemetery or crematory Ford Husband
Location Howard Co Md

18 (a) Funeral director Ely & MacNabb
(b) Address Catonsville Md

19 (a) JAN 2 1941 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1940 to 12-30 1940, and that I last saw her alive on 12-30 1940.

Immediate cause of death Tetanus — Duration 8 days

Due to Infection from cardiac cath

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. W. Parlow M. D.
Address St. Agnes Date signed 12/31

390896

F 75986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

F 75986 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2054 E. Hoffman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Adams

3 (b) If veteran, name war W

3 (c) Social Security Account No. 1146

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 31 - 39

8. AGE: Years 1 | Months — | Days — | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Adams
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothy Armick
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 2 1941 (Date received by local registrar) (b) Signature of Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH. Dec 31 1940 at 9 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Dec 31 1940 and that I last saw her alive on Dec 31 1940.

Immediate cause of death: Pneumococcal Meningitis — Duration 48 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Harlan
Address Baltimore Date signed 12/31/40

75987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 75987 Registered No.

PRESS WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 ST. PAUL STREET
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME ALICE ANN BENNETT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 19, 1854

8. AGE: Years	Months	Days	If less than one day
86	11	12	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business At Home

FATHER
12. Name EDWIN BENNETT
13. Birthplace ENGLAND

MOTHER
14. Maiden Name MARY HOUSTON
15. Birthplace OHIO

16 (a) Informant Edwin F. Bennett
(b) Address 2510 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory David Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received JAN 2 1941 (b) Registrar
Attending for Williams, Jr.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 1 1941, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 28 1940 to JAN 1. 1941, and that I last saw h[illegible] alive on DEC. 31 1940.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to SEPTICEMIA	
Due to LOBAR PNEUMANIA (TYPE VIII)	
Other Conditions ARTERIOSCLEROTIC HEART DIS. — PAPILLARY CARCINOMA OF BLADDER	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Pearce
Address Union Memorial Date signed 1/1/41

F 75988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

F 75988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 N Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Pauline Jolley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar 30 1900

8. AGE: Years	Months	Days	If less than one day
40	9	-	hr. min.

9. Birthplace Federalsburgh Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William Dickerson
13. Birthplace Md

MOTHER
14. Maiden Name Laura Cannon
15. Birthplace Federalsburgh Md

16 (a) Informant James A. Dickerson
(b) Address 417 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & R Co.

18 (a) Funeral director Robert T. Williams
(b) Address 1515 McElderry St
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 2 - 1941

VS 3
JAN 2 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1940, at 8:00 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1940, to 12-30-1940, and that I last saw h[illegible] alive on 12-26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	3 Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Maurice Odom M. D.
Address 312 E 23rd St Date signed 1-1-41

F 75989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 N. Gold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 N. Gold Spring Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Burkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Alma E. Burkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23-1859

8. AGE: Years 81 | Months — | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Landscape Gardner
11. Industry or business

FATHER
12. Name Burkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Matilda Ann Smith
15. Birthplace Maryland

16 (a) Informant Miss Bertha Burkins
(b) Address 1017 N. Gold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2-1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

JAN 2 – 1941 (Date rec'd by registrar) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30- 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940, to Dec 30 1940 and that I last saw h alive on Dec 30 1940.

Immediate cause of death	Duration
Cardiac Failure due to Asphyxiation-	10 days
Due to Senile Degeneration Aortic Sclerosis.	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Beetem M. D.
Address Fort Washington Md. Date signed 12-31-40

F 75990 61889--PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

F 75990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Brunt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Riley Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-2-1887

8. AGE: Years	Months	Days	If less than one day
53	2	29	____ hr. ____ min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER — 12. Name James Carter
13. Birthplace Va.

MOTHER — 14. Maiden Name Susan Pinken
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Frances A. Hensley
(b) Address 518 N. Bradford

19 (a) 1-2-1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1941, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1940 to 1-1 1941, and that I last saw him alive on 1-1 1941.

Immediate cause of death	Duration
(a) Bronchopneumonia	3 days
Right hemiplegia	?
Due to (b) Hypertensive C.V.D.	?
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-1-41

75991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 75991

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo 3da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Robinson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George John Richter

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Haas HAAS
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 26, 1890

8. AGE: Years	Months	Days	If less than one day
50	5	5	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Baltimore City

FATHER
12. Name George Richter
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Wagner
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)
(c) Cemetery or crematory First Evan.
Location Odonnell St
(d) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1940, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1940, to Dec. 31 1940, and that I last saw him alive on Dec. 31, 1940.

Immediate cause of death	Duration
Acute purulent peritonitis	Unknown
Due to Abscesses of liver	Unknown
Due to Carcinoma of ampulla of vater	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Exploratory laps; biopsy of liver; venocylsis
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Carlson M. D.
Address Wyman Park Drive & 31st St. Date signed 12/31/40

VS 3

F 75992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

Registered No. F 75992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1473 Reynolds st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1473 Reynolds st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Constance C Freburger Born F 1903

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7th 1940

8. AGE: Years | Months: 2 | Days: 23 | If less than one day: 24 hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: —

11. Industry or business

FATHER
12. Name: Thomas Freburger
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Pauline Marchlinus
15. Birthplace: Ohio.

16 (a) Informant: Thomas Freburger
(b) Address: 1007 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3rd 1941 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto.

18 (a) Funeral director: Charles F. Dill.
(b) Address: 1501 E. Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8-47

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 9:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Status thymico lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams Gundelfinger M.D.
Medical Examiner.
Date signed 1/2/41

F 75993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 75993 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3490 Auchentroly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3490 Auchentroly Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Solomon Gurney

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 53 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Trenton N. J. (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name Samuel Gurney
13. Birthplace Russia

MOTHER
14. Maiden Name Jennie
15. Birthplace Russia

16 (a) Informant Morton Gurney
(b) Address 3490 Auchentroly

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Pa.

18 (a) Funeral director Jack Levine
(b) Address 1429 E. Baltimore St.

JAN 2- 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 9:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature. Wm B Vander Gucht M.D.
Medical Examiner.
Date signed 1/1/41

VS 6

F 75994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-41 75994

1. PLACE OF DEATH Hebrew Home for Aged — Registered No.

CITY OF BALTIMORE: Or Greenspring + Belvedere Ave Ward 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yr. mos. da. How long in U.S. If of foreign birth? yr. mos. da.

2. FULL NAME Isaac Noodleman Nauman — If U. S. Veteran specify WAR

(a) Residence: No. Lerndale Balto Md St., Ward. no ss number

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna N. Noodleman

6. DATE OF BIRTH (month, day, year) 7-14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ale Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Van Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Van Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinblatt

(Address)

18. BURIAL, CREMATION, OR REMOVAL 1-2-41

Place Hebrew Rest Date 19

19. UNDERTAKER Jack Levin Inc

(Address) 1139 E. Baltimore St.

JAN 2 - 1941 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1941

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1937, to 1-2, 1941

I last saw him alive on 1-1, 1941. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Coronary Thrombosis

Hypertension

Arteriosclerosis

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin M. D.

(Address) Lerndale

VS 2

INSTRUCTIONS: WRITE ONLY WITH INK AND PRINT ALL INFORMATION REQUIRED IN A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 75995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 75995 Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3024 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 St. Paul St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 81 yrs. years

3 (a) FULL NAME John Christian Stalfort

3 (b) If veteran, name war: Civil War
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Selma Stalfort
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1846

8. AGE: Years 94 | Months 11 | Days 8 9 | If less than one day ... hr. ... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Merchant
11. Industry or business: Retired

FATHER
12. Name: William Stalfort
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Germany

16 (a) Informant: Miss Clara L. Stalfort
(b) Address: 3024 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2. 1941 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore

18 (a) Funeral director: Henry Sander & Son Inc.
(b) Address: North Ave. & Broadway

JAN 2 1941 (Date Received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18 1940 to 12/31 1940 and that I last saw h[illegible] alive on 12/31 1940

Immediate cause of death	Duration
General Arterio-Sclerosis	5 yrs
Due to Ch. Interst Nephritis	10 yrs
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emma S. Craigen M. D.
Address 1/1/41 Date Signed

F 75996

F 75996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. F 75996

Be carefully supplied. The
d legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be
correct age is especially important. Physicians: please write the causes of death clearly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N. BRADFORD ST.
(c) Hospital or institution:

6-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. BRADFORD ST.
(If rural give location)

(e) Length of time in Baltimore (yrs., mos., or days) LIFE

(f) If foreign born, how long in U.S.A.) yrs.

3 (a) FULL NAME CATHERINE M. RITGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife FRANK H. RITGER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 9 1863

8. AGE: Years	Months	Days	If less than one day
77	4	21	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE PURSER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY DAUSCH
15. Birthplace BALTO. MD.

16 (a) Informant GEORGE L. RITGER (: SON)
(b) Address 117 N. BRADFORD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 3/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tull & Zeller Inc.
(b) Address 403 S. WOLFE ST.

Date received JAN 2 1941 Registrar

VS 2

MEDICAL CERTIFICATION

PM.

20. DATE OF DEATH DEC. 30 1940, at 9/15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940 to Dec. 30 1940 and that I last saw h. alive on Dec. 30 1940

Immediate cause of death: Myocarditis (Chronic)

	Duration
a.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Parrott M. D.
Address 514 Drury Lane Date signed 12-31-40

F 75997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1173

F 75997
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catan & Wellbeck
(c) Hospital or institution: St. Agnes' Hospt. 25-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No Arbutus & Prospect Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Allen Anderson - Allen E. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Harriett C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/16/86

8. AGE: Years	Months	Days	If less than one day
54	6	14	hr. min.

9. Birthplace Md. - Adamstown (Town, county, and state)
10. Usual Occupation R.R. Conductor
11. Industry or business P.R.R. Co.

FATHER
12. Name Asa Claude Anderson
13. Birthplace Adamstown Md

MOTHER
14. Maiden Name Anna Mayfield
15. Birthplace Adamstown Md

16 (a) Informant St. Agnes Hosp
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Ridge
Location Bussey Quarry Road

18 (a) Funeral director F. B. Weppler & Son
(b) Address 1200 Eutaw Pl.

JAN 2 - 1941 (Date rec'd by Registrar)

19 (a) (b) Huntingtown Williamsburg, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/ 1940, at 4:21 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14/ 1940, to 12/30/ 1940 and that I last saw him alive on 12/30/ 1940.

Immediate cause of death.	Duration
Pancreatic necrosis, Pancreatic fistula, emaciation, shock	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic duodenal ulcer, abdominal adhesions
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Evans M. D.
Address St. Agnes Hosp. Date signed 12/30/40

VS 8

75998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31a

Registered No. E 75998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3813 Echodale Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3813 Echodale Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie A Lainhart

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Heziekiah Lainhart

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Aug 25 61

8. AGE: Years	Months	Days	If less than one day
79	4	3	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business same

FATHER

12. Name Unknown

13. Birthplace Virginia

MOTHER

14. Maiden Name Unknown

15. Birthplace Virginia

16 (a) Informant Mrs Lottie Harris

(b) Address 3813 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4th 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location

18 (a) Funeral director Charles P Towell

(b) Address 2427 Edmondson Ave.

19 (a) JAN 2- 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 6:15 A.M.

21. I certify that death occurred on the date above-stated; that I attended deceased from Dec 26 1940 to Jan 1 1941, and that I last saw h[illegible] alive on 1-0 1941.

Immediate cause of death	Duration
Uremia	
Due to Chronic nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Mitchell Hampton M.D.

Address 5707 Belair Rd Date signed 1-2-41.

VS 3

75999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 75999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 N. Castle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 N. Castle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Centonie Patek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rudolf Patek

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1880

8. AGE: Years 60 | Months | Days 16 19 | If less than one day: hr. min.

9. Birthplace Bohemia Austria
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Centon Tamanek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Horacek
15. Birthplace Bohemia

16 (a) Informant Rudolf Patek
(b) Address 1003 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (month) (day) (year)

(c) Cemetery or crematory Oak Hill
Location Baltimore Md

18 (a) Funeral director Frank Roach Son
(b) Address 900 N. Chester St

19 (a) Date received by Registrar JAN 2 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1940 at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1939 to Dec 31 1940 and that I last saw her alive on Dec. 31 1940.

Immediate cause of death: Cardio-renal-vascular Disease with Hypertension — Duration: 5 yrs

Due to

Due to

Other Conditions: General Cyanosis due to Heart Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent V. Dooka M.D.
Address 845 N. Patterson Park Ave Date signed 1/1/41

F 76000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1 a

F 76000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address South Balto Gen

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 902 Plum alley (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lora Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1888

8. AGE: Years	Months	Days	If less than one day
52		4	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Perry Robinson

FATHER 13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary Blackwell

MOTHER 15. Birthplace Balto Md

16 (a) Informant Elizabeth Taylor

(b) Address 902 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct

Location Balto City

18 (a) Funeral director Isaiah R. Brown & Son

(b) Address 108 W Monument St

19 (a) (Registered by registrar) (b)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1940, to Dec. 29 1940, and that I last saw h[illegible] alive on Dec. 29 1940.

Immediate cause of death	Duration
Uremia	6 hrs.
Due to Rt heart failure	
Due to hypertension.	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O Bernstein, M.D.

Address Fort Balto. Hospital Date signed 12/29/40

76001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

E 76001 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Dennison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Thomas Roker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-7390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edna E Roker
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Mar 5 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
38	9 7	2 6		1902

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Skipper + Cooker

11. Industry or business Oly Rock Crab Boy

FATHER
12. Name James J. Roker
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ellen M. McKennely
15. Birthplace Ireland

16 (a) Informant Mrs Edna E. Roker
(b) Address 613 Dennison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (month) (day) (year)

(c) Cemetery or crematory Mem Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Ehmen W. Conklin + Son
(b) Address 924 E Eager St

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Check ... correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940 at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Thrombosed Coronary Artery — Duration

Due to Myocarditis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Vandegrift M.D.
Medical Examiner.

Date signed 1/1/41

76002

HEALTH DEPARTMENT—CITY OF BALTIMORE

76002

CERTIFICATE OF DEATH

52a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Miss Lillian Hoffman

If U. S. Veteran specify WAR Not

(a) Residence: No. 3025 Belmont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	0	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secty - Librarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James E. Hoffman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Hoffman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Betz

(Address) 3025 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Crest Date Jan 4 1941

19. UNDERTAKER Harry N. Welsh

(Address) 410 Edmondson Ave

20. FILED JAN 2 - 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1940 to Jan 1, 1941

I last saw her alive on Jan 1, 1941 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Recurrent carcinoma of kidney, ut. — Date of onset about May, 1940

Generalized carcinomatosis

Other contributory causes of importance:

General debility, malnutrition, anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank W. Sattarlee, M. D.

(Address) Women's Hospital

Be careful, accurate and complete with information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 76003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45a

Registered No. F 76003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address South Broadway

(c) Hospital or institution: Church Home & Infirmary 6 - 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State South Carolina (b) County Dillon

(c) City or town Latta

(If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Richardson St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. David M. Haseldon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mildred F. Haseldon

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 27 1900

8. AGE: Years 40 | Months 3 | Days 65 | If less than one day ... hr. ... min.

9. Birthplace Mallory, S. C.

(Town, county, and state)

10. Usual Occupation Rural Letter Carrier

11. Industry or business —

FATHER

12. Name F. M. Haselon

13. Birthplace Mallory S. C.

MOTHER

14. Maiden Name Nancie Berry

15. Birthplace Mallory S. C.

16 (a) Informant Mrs. M. F. Haselon

(b) Address Latta, S. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (month) (day) (year)

(c) Cemetery or crematory ...

Location Latta, South Carolina

18 (a) Funeral director Hoyt H. Wiggle

(b) Address 4101 Edmondson Ave

19 (a) JAN 2 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1941, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1940, to Jan. 2 1941, and that I last saw him alive on Jan. 2 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 Days

Due to —

Due to —

Other Conditions Metastatic Cancer of Neck

(Include pregnancy within 3 months of death)

Major findings:

Of operations Metastatic Cancer of neck from Cancer of Lip.

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? ... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ...

(Specify type of place)

(e) Means of injury ...

23. Signature S. Ralph Stevens, Jr. M. D.

Address Church Home & Infirmary Date signed 1/2/41

VS 3

6004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B ✓ F 6004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 582 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rhodea Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No. Will ? C911

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	ed	Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/99

8. AGE: Years	Months	Days	If less than one day
41	10	9	hr. min.

9. Birthplace D. C. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Ferguson
13. Birthplace D. C.

MOTHER
14. Maiden Name ? Alexander
15. Birthplace D. C.

16 (a) Informant Katie Thompkins
(b) Address 804 N. Arlington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Nelson
(b) Address 1308 Pennsylvania

19 (a) (Local rec'd registrar) Huntington Williams M.D.

JAN 2 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1941, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1940, to 1-1 1941, and that I last saw h/m alive on 1-1 1941.

Immediate cause of death: Coronary Thrombosis — Duration 1 days

Due to

Due to

Other Conditions Rheumatic Heart Disease with Mitral Stenosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature H. M. Nusselander M. D.
Address Provident Hospital Date signed 1-1-41

PLEASE WRITE PLAINLY, with ink. Be sure to give correct age is especially important. Physicians: please write the causes of death

005
F76005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

John J. Lacy 104 F 76005

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Light (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Lacy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Patrick Lacy
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Shea
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director J. J. Foley & Son
(b) Address 1318 Eutaw Pl. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

PLEASE WRITE PLAINLY, with pencil or pen. Do not use ditto marks. Be sure to write the cause of death correctly. Item 20 is especially important. Physicians: please write the causes of death.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 31 1940, at 3:23 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940, to Dec 31 1940, and that I last saw h i Malive on Dec 31 1940.

Immediate cause of death	Duration
Lobar pneumonia due to Type II pneumococcus.	7 days
Due to Chronic bronchitis	
Due to Pulmonary emphysema; Generalized arteriosclerosis; Arteriosclerotic heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Lobar pneumonia, right lung.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address JHH Date signed 12-31-40

76006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: St. Agnes Hospital 2 5 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 52 Carroll Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert L. Chappell

3 (b) If veteran, name war —

3 (c) Social Security Account No. ——

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen M. Chappell

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1906

8. AGE: Years 34 | Months 1 | Days 21 26 | If less than one day hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Special Railway Conn
11. Industry or business Post Office dept

FATHER
12. Name Thomas Chappell
13. Birthplace Md

MOTHER
14. Maiden Name Lillian Saunders
15. Birthplace Md

16 (a) Informant Helen Chappell
(b) Address Catonsville Md

17 (a) Burial (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md

18 (a) Funeral director Jos. A. Staley
(b) Address Fulton & Fayette

(a) Date rec'd by registrar 1/2/41 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 6 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Crushing injury of head — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 1, 1941
(c) Where did injury occur? Reduced Car at Loch Raven Rd (City or town) (County) Balto (State)
(d) Did injury occur about home, on farm, industrial place, or in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto Hand pole

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 1/1/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct here is especially important. Physicians: please write the causes of death clearly and legibly.

76007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 76007 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1843 Covington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 4
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1843 Covington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miranda E Baumann

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Widow

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	5	13		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Joshua Fuller
13. Birthplace Md

MOTHER
14. Maiden Name Josephine D. Brigan
15. Birthplace Md

16 (a) Informant Mrs Isabel G Baumann
(b) Address 3558 6th st Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave Parkville

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Huntington Hollins M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940, at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4/39 19..., to 12/31/ 1940.
and that I last saw her alive on 12/30/ 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 yr. 4 mos. 27 day
Due to: General and cerebral arteriosclerosis — ?
Due to: — ?
Other Conditions: Cardio vascular disease — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 12/31/ 1940.

VS 3

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fold. Do not write figures where letters are required. This certificate must be filled in so as to permit permanent record. Physicians: please write the causes of death clearly, and correct age is especially important.

76008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

F 76008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Braddish Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Braddish Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H Cordner GORDNER

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 212-07-9985

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 - 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	7	6		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Automobile

11. Industry or business Machinist

FATHER
12. Name Simon Gordner
13. Birthplace Ireland.

MOTHER
14. Maiden Name Anna Garner
15. Birthplace Ireland.

16 (a) Informant Anna Gordner
(b) Address 1809 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Gwynn Oak Ave.

18 (a) Funeral director John A. McGuire
(b) Address 3617 E. Huntington Ave Baltimore, Md.

19 (a) Jan 2, 1941 (Date rec'd by registrar) (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940 at 9.50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating Gas Poisoning

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12/31/40
(c) Where did injury occur? 1809 Braddish Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Coal Gas Poisoning - Gas Stove - Gas Jets

23. Signature Wm Vandersall M.D. Medical Examiner

Date signed 1/3/41

76009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 76009

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Plateau Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Plateau Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Francis Sweitzer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-7456

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Louise M. Sweitzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1887

8. AGE: Years	Months	Days	If less than one day
53	6	9	hr. min

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Joseph Sweitzer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Spland
15. Birthplace Richmond, Virginia

16 (a) Informant Louise M. Sweitzer
(b) Address 3606 Plateau Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto - Md.

18 (a) Funeral director Harry N. Armacost
(b) Address 4204 Ridgewood Ave

19 JAN 2- 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 1.05 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 1/4/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

76010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. E 76010

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs 15 min
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs 15 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1175 Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Yancey Death # 21619

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-41

8. AGE: Years	Months	Days	If less than one day
			4 hr. 15 min.

9. Birthplace 1175 Stockton St (Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER 12. Name Robert Yancey
13. Birthplace Md

MOTHER 14. Maiden Name Helen Mackey
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL 1-2-41

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 2- 1941 (Date rec'd by Registrar) Per H. A. Moore Huntington Williams, M.D.

6146

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-41 19 , at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-41 19 , to 1-1-41 19 , and that I last saw him alive on 1-1-41 19 .

Immediate cause of death Prematurity — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Williams M.D.

Address Univ Hosp. Date signed 1-1-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 76011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Community Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 W Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Holt Edmonds Jr (Edmondson, see Birth F 13944)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8, 1940

8. AGE: Years	Months	Days	If less than one day hr.	min.
	4	23		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Holt Edmonds
13. Birthplace Halifax Virginia

MOTHER
14. Maiden Name Ruth Wood
15. Birthplace Halifax Virginia

16 (a) Informant Father
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL 1-2-41

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 2- 1941 (Date rec'd by registr.) Huntington Williams M.D. (Registrar) 6147

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1940, to 12-31 1940, and that I last saw him alive on 12-31-1940.

Immediate cause of death: Bronchopneumonia — Duration: 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend Jr M. D.

Address Community Hospital Date signed 12-31-40

76012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. E 76012

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1826 E-31st St.

(c) Hospital or institution:

West Balto. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

Street No. 1826 E-31st Street.

(If rural give location)

(d) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Grover C. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Anna S. Jones

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct 16-1884

8. AGE: Years	Months	Days	If less than one day
56	2	16	hr. min.

9. Birthplace Queen Anne County Md.

(Town, county, and state)

10. Usual Occupation Fire Chief of Marine

11. Industry or business Dive Boat

FATHER

12. Name Anna S. Jones

13. Birthplace Queen Anne County Md

MOTHER

14. Maiden Name Cecelia Wales

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Anna S. Jones

(b) Address 1826 E-31st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore Md

18 (a) Funeral director Mamie Cook Sayer

(b) Address 1606 W. North Ave.

19. JAN 2- 1941 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1941, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1940, to 1/1 1941, and that I last saw h alive on 1/1 1941.

Immediate cause of death

Pulmonary embolism — Duration: 1 day

Due to Ruptured appendix — 1 week

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations appendicoel abscess.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Conrad Leatherbarrow M. D.

Address Raleigh St. Date signed

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-6 ✓ F 76013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 So Lehigh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 347 So Lehigh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent (Frank) Bush Burzynski

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1892

8. AGE: Years	Months	Days	If less than one day hr.	min
50	5	12		

9. Birthplace Warsaw, Poland (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name ~~Unknown~~ Vincent Burzynski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Helen Burzynski
(b) Address 347 S. Lehigh Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Baltimore City
(a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) JAN 2 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31, 1940 at 0 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage,	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D. (Medical Examiner)
Date signed 1/2/41

F 76014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 76014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Clearly and legibly. correct age is especially important. Physicians: please write the causes of death

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irving Frey

3 (b) If veteran, name war

3 (c) Social Security Account
No. None

MEDICAL CERTIFICATION

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	6	17	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Social Security Clerk
11. Industry or business

FATHER
12. Name Levin S. Frey
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Alberta Blanche Hall
15. Birthplace Washington, D. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 41 (month) (day) (year)
(c) Cemetery or crematory Arlington Natl.
Location Arlington Va.

18 (a) Funeral director Mrs. R.F. Sims
(b) Address Wash. D.C.

19 JAN 2 1941 Huntington Williams M.D.
(Filed and registered) Registrar

20. DATE OF DEATH Jan. 2, 1941 at 12:15 Pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30, 1940 to Jan. 2, 1940 and that I last saw him alive on Jan. 2, 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address US Marine Hospital Date signed 1/2/40
Baltimore, Md.

VS 3

76015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Belto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 dd.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucian Jasklanski Jasklowski (62111)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-507[illegible]

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Antanina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1892

8. AGE: Years 48 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Poland

MOTHER
14. Maiden Name Margaretta ?
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Lemmon Hall Road

18 (a) Funeral director Stephen J. Trathowen Inc.
(b) Address 1000 S. Kenwood ave

19 JAN 2 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1940, at 6:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25, 1940 to Dec. 31, 1940, and that I last saw h im alive on Dec. 31, 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B Bradham M.D. M. D.

Address Balto. City Hospitals Date signed 12-31-40

PLEASE WRITE PLAINLY, with ink. Please report every death even if [illegible] correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

76016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-L F 76016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Centre
(c) City or town Port Matilda
(If outside city or town limits, write RURAL and give town)
(d) Street No. — Farm. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F. Fyffe

3 (b) If veteran, name war No
3 (c) Social Security Account No. 188-14-2563

4. Sex Male
5. Color or race W.
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 11-1879

8. AGE: Years 61 | Months 3 | Days 21 | If less than one day hr. min

9. Birthplace Port Matilda Centre Co. Pa (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Crawford Fyffe
(b) Address 2618 Bryant Ave - Altoona Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/41 (month) (day) (year)
(c) Cemetery or crematory
Location Altoona Pa

18 (a) Funeral director Geo M. Strickler
(b) Address 811 N Wolfe St

JAN 2- 1941
(Date rec'd by registrar)

(b) Huntingdon Williamson Pa (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-1941, at 6:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock — Duration

Due to Compound Comminuted Fracture

Due to Multiple bones -

Other Conditions Lacerations - Burns.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 1-1-41
(c) Where did injury occur? Port Mat. - Matilda Township Centre Co. Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - struck by automobile

23. Signature Howard J. Williamson M.D. Medical Examiner
Date signed 1-2-41

VS 6

76017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76017

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospt.
(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3433 Park Heights ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mrs LEBA SCHAFFER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W.

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1848

8. AGE: Years	Months	Days	If less than one day
93 92			hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation
11. Industry or business none

FATHER
12. Name Mat Kerber
13. Birthplace Austria

MOTHER
14. Maiden Name Rose
15. Birthplace Austria

16 (a) Informant Harry Kerber
(b) Address 3433 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3/41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E. Baltimore

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) ... (Date rec'd by Registrar) (b) Hunter for Williams, M.D. Registrar

JAN 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1941, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 2 1941, and that I last saw her alive on Jan 2 1941.

Immediate cause of death: Dehydration & Starvation — Duration: Days ?
Due to: Senility
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Harold A. Guest, M.D.
Address W. 1124 ... Date signed 1/2/41

PLEASE WRITE PLAINLY, with ink or indelible pencil, and correct age is especially important. Physicians: please write the causes of death clearly and fully.

76018

BALTIMORE CITY HEALTH DEPARTMENT

cc

CERTIFICATE OF DEATH

93-D

F 76018

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2546 Boyd Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Anmulis (62311)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1884

8. AGE: Years	Months	Days	If less than one day
56 ~~56~~	2	4	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Adam Huck (D)

13. Birthplace Lithuania

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location Blair Rd

18 (a) Funeral director Joseph Kaminskas Inc.

(b) Address 417 Fallsbaltimore Blvd

(Date rec'd by registrar) (b) Hunter Stone Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1941, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-41 to 1-2 1941 and that I last saw her alive on 1-2 1941.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	?
Due to Cerebral hemorrhage	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. L. Peterson Jr. M.D.

Address 2546 Boyd St. Baltimore City Md. Date signed 1/2/41

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 76019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No.

F 76019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 47 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 S Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Goldwine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Goldwine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
77				

9. Birthplace Lithuania (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John ?
13. Birthplace Lithuania

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Lithuania

16 (a) Informant Alfred Goldwine
(b) Address 47 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beloit Rd

18 (a) Funeral director Joseph Kaczorowski 1 Ph 2595
(b) Address 602 Washington Blvd

JAN 3 1941 (Date rec'd by registrar) (b) Signature of registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1940 to 12-31 1940 and that I last saw h alive on 12-31 1940

Immediate cause of death Cerebral hemorrhage

Due to General arteriosclerosis with Hyper

Due to cardiac hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
4 days
yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Gennaro M. D.
Address Medical Arts Bldg Date signed 1-2-40

VS 3

F 76020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76020 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 Whitelock St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name)
(d) Street No. 827 Whitelock St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Jacob Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73 | Months | Days | If less than one day: hr. | min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Cabinet maker

11. Industry or business Self

FATHER
12. Name Meyer Jackson
13. Birthplace Russia

MOTHER
14. Maiden Name Lach
15. Birthplace Russia

16 (a) Informant Sarah Jackson
(b) Address 827 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-41 (month) (day) (year)
(c) Cemetery or crematory W.C.C.
Location Mt Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1392 Balto St

JAN 3 - 1941 (Date rec'd by registrar)

(Signature of registrar) Lt Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Jan 2 1941, and that I last saw him alive on Jan 2 1941.

Immediate cause of death: Arteriosclerosis
Cerebral hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kaplan M. D.

Address 2306 Eutaw Place Date signed 1-3-41

VS 3

F 76021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76021 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3552 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

13-6

3. (a) FULL NAME ANTHONY MUNZERT

3 (b) If veteran, name war: no

3 (c) Social Security Account No. [redacted] 220-058-743

4. Sex: M | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M. Munzert

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 27 1882

8. AGE: Years 58 | Months | Days 4 | If less than one day: hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Balmar Corp.

FATHER
12. Name John Munzert
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Saloden
15. Birthplace Md

16 (a) Informant: Anna M. Munzert
(b) Address 3852 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3, 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn, Md.

18 (a) Funeral director Shenandoah & Donovan
(b) Address 3615-17 Christmas Ave.

JAN 3- 1941 (Date rec'd by registrar)

(b) Hunter [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940, at 5a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wallenmeier M.D.
Medical Examiner

Date signed 1-2-41

VS 6

76022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76022
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct. Date of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Streets
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 -- 2nd Ave., Lansdowne
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Christopher M. Purcell

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Anna Purcell
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1896

8. AGE: Years	Months	Days	If less than one day hr	min.
44	3	6		

9. Birthplace Scranton, Pa.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Camp Meade

FATHER
12. Name Christopher Purcell
13. Birthplace Ireland

MOTHER
14. Maiden Name Agnes B. Healy
15. Birthplace Ireland

16 (a) Informant Mrs. Anna Purcell
(b) Address 125 -- 2nd Ave. Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l. Cemetery.
Location Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 N. Bolivar Street

19 (a) [illegible] (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

JAN 3 - 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1941, at 5:17 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Compound Comminuted Fracture of Leg bones.	
Due to	
Other Conditions Fractures & bruises	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide - auto
(b) Date of occurrence 1 - 1 - 41
(c) Where did injury occur Fayette & Arlington Ave - City
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell to ground & struck by automobile

23. Signature Howard J. Wiesen M.D.
Medical Examiner
Date signed 1 - 2 - 41

76023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76023 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Charles & Franklin Sts. Rochambeau Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Rochambeau Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME AARON HEIMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13-1862

8. AGE: Years	Months	Days	If less than one day
78		20 M	hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Clothing Merchant

11. Industry or business

FATHER 12. Name Jacob Heiman,

13. Birthplace Germany

MOTHER 14. Maiden Name Betty Nusbaum,

15. Birthplace Germany.

16 (a) Informant Mr. S. Greenebaum,

(b) Address 2214 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Baltimore, Md.

18 (a) Funeral director Sondheim & Son

(b) Address 1902 Eutaw Place.

19 JAN 3-1941 (Date rec'd by registrar) (b) Burial Permit Issued

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 2nd. 1941, at 7.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Jan. 2 1941, and that I last saw him alive on Jan. 2 1941.

Immediate cause of death Sarcomatosis & metastases — Duration about one year

Due to

Due to

Other Conditions Cardiac hypertrophy & arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis Jacobs M. D.

Address 1700 Eutaw Place Date signed Jan. 2-1941

76024 cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 76024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

12-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Carter (62010)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Herbert Carter
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1897

8. AGE: Years	Months	Days	If less than one day
43	4	10	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Josh Young (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Ella Young
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Jan 4-1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cedar Hill
(a) Funeral director Wm Brooks
(b) Address 1703 N. Carey St.

19 (a) (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1940, at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1940, to 12-31 1940, and that I last saw h~~er~~ alive on 12-31 1940.

Immediate cause of death	Duration
Cardiac failure	?
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp. Date signed 12-31-40

PLEASE WRITE PLAINLY with ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.—6-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76025

F 76025

CERTIFICATE OF DEATH

83-2

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1316 Laurens ST. 15-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Hunter

(a) RESIDENCE NO. 1316 Laurens ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49? yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of William Hunter

6 DATE OF BIRTH (month, day, and year) March 1872?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	69	10	9 ?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Mrs Webb

9 BIRTHPLACE (city or town) (State or country) Essex Co. Va

PARENTS

10 NAME OF FATHER Commodore Webb

11 BIRTHPLACE OF FATHER (city or town) Essex (State or country)

12 MAIDEN NAME OF MOTHER Julia —

13 BIRTHPLACE OF MOTHER (city or town) Essex Co. (State or country)

14 Informant Ethel Hunter Race

(Address) 1316 Laurens St

JAN 3- 1941 19

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2-1941

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to Jan 2, 1941, that I last saw h er alive on December 31, 1940 and that death occurred, on the date stated above, at 11-45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
2nd attack

(duration) 1 yrs. 10 mos. da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H. Wright, M. D.

Jan 2, 1941 (Address) 1209 Arrestown St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	1/5 1940
20 UNDERTAKER Lee H. Nelson	ADDRESS 1503 Pennsylvania

NO. 5—WHITE PAPER. Information should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

76026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 76026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or town. If death occurred in hospital or institution, give its name instead of street and number. If non-resident, give city or town and state. If you cannot answer a question fully, state "unknown" or "none" so far as you know. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Please answer all questions. Use extra sheet if necessary. Be sure to sign certificate.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3122 Odonnell St.

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —1

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3122 Odonnell St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Jaunusch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1818

8. AGE: Years	Months	Days	If less than one day
62		25	hr. — min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER — 12. Name Wm Jaunusch

13. Birthplace Germany

MOTHER — 14. Maiden Name Caroline Herbig

15. Birthplace Germany

16 (a) Informant Mr. Chas Jaunusch

(b) Address 3122 Odonnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem

Location Odonnell St.

18 (a) Funeral director J Freeman & Son

(b) Address 32 S. Broadway

19 (a) 1/2/41 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2, 1941 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 2 1941, and that I last saw h[illegible] alive on Jan 1 1941.

Immediate cause of death

Diabetes Mellitus — Duration 6 yrs.

Due to Hypertension C.V. Disease — 6 yrs.

Due to Chr. Interstitial Nephritis — Nov 1940

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature Ea Schemunk M. D.

Address 842 S. Eastern Date signed Jan 2 1941

VS 3

F 76027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-L

F 76027

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Franklin Sq.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Carlton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** William Ross

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 2

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1911

8. AGE: Years	Months	Days	If less than one day
29	5	12	..... hr. ..... min.

9. Birthplace ..... Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

MOTHER / FATHER

12. Name Jacob Ross

13. Birthplace Hawthorne Md.

14. Maiden Name Cecile R. Thomas

15. Birthplace Md.

16 (a) Informant: Margaret Raths

(b) Address 1500 Sheild Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)

(c) Cemetery or crematory ELKRIDGE

Location Maryland

18 (a) Funeral director Adolphus Halsted

(b) Address 9 [illegible] Huntington Ave

JAN 3 - 1941 (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1941, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30 1940, to 1-1 1940, and that I last saw h[illegible] alive on 1-1 1940.

Immediate cause of death	Duration
Encephalitis	
Due to Influenza Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Daniel L. Zalis M. D.

Address Franklin Sq. Hosp. Date signed .....

PLEASE WRITE PLAINLY. Physicians: please write the causes of death so correct age is especially important.

VS 3

F 76028 ✓ F 76028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not leave any blanks. If unknown, write "unknown" or "none" so as to show that no item has been omitted. Be sure that you have answered correctly. Do not abbreviate. Write out the full name of the city, town, or county. Give the street address or location in city or town. The space for "Occupation" should show the kind of work done during most of working life, even if retired before death. Do not use the terms "laborer," "housewife," or "retired." Be sure that the cause of death is entered in such terms as to show clearly the disease, injury, or complication which caused death. Do not enter mode of dying, such as heart failure, asphyxia, or uremia, without showing the disease or injury which caused it. Write clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 Rutter Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 3-6 3 yrs. 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Rutter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie Redd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widow

6 (b) Name of husband or wife Justus Redd
6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66 65			hr. min.

9. Birthplace Prince Edws. co., Va
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Samuel Taylor
13. Birthplace Prince Edws. co., Va.

MOTHER
14. Maiden Name Adelia Scott
15. Birthplace Prince Edw. co. Va

16 (a) Informant Rev. James Redd
(b) Address 1304 Rutter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Farmville Va.
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Stockton St

JAN 3- 1941
(Date rec'd by registrar)

(Signature of Registrar) Hunter Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1940, to Jan 2 1941, and that I last saw h[illegible] alive on Jan 1 1941.

Immediate cause of death	Duration
Mitral Insufficiency	
Due to	
Due to	
Other Conditions Cardiac arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 161 E Monument Date signed 1-3-41

VS 3

F 76029

F 76029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1358 Homestead St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1358 Homestead St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Almira D. Goodwin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William M. Goodwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
84	4	24	hr. min.

9. Birthplace Dorchester Co., Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Thomas Travers
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Alimira E.H. Travers
15. Birthplace Northumberland Co., Va.

16 (a) Informant Mr. George H. Trickey
(b) Address 1358 Homestead St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director William H. Mareck
(b) Address 715 Light St.,

19 (Date received by registrar) (Signature of registrar)

JAN 3 - 194

MEDICAL CERTIFICATION

6.50

20. DATE OF DEATH Jan. 2, 1941, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940 to Jan 2 1941 and that I last saw h alive on Jan 2 1941.

Immediate cause of death	Duration
Valvular Heart disease	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. Fisher M. D.
Address 1806 N. Wood st. Date signed 1/3/41

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fold. Do not roll. Use only black or blue-black ink. Please make entries in all spaces. If any item is unknown, write "unknown" or "none" so as to show that no information has been omitted. Be sure that your answers are correct, and do not erase or write over. Cross out any error. Initial all changes. Be particularly careful to report the correct age at death. Physicians: please write the causes of death clearly and legibly. Statistical information is especially important.

VS 3

F 76030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 76030 Registered No.

PLEASE WRITE PLAINLY. With ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Williams Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-3395

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Eason
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1895

8. AGE: Years	Months	Days	If less than one day
45	6	28	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Laborer 1938
11. Industry or business

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name ~~xxxxxxx~~ Ida Wheatley
15. Birthplace Maryland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road
18 (a) Funeral director S. Walter May.
(b) Address 619 N. Bouldin St
19 (a) (Signature of Registrar) Hunting for Williams, M.D. Registrar

JAN 3 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1941 at 10:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31, 1940 to Jan. 2, 1941, and that I last saw him alive on Jan. 2, 1941.

Immediate cause of death: Cardiac disease, degeneration of myocardium — Duration: 1 month
Due to Generalized arterio-sclerosis — unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital Baltimore, Maryland. Date signed 1/2/40 M.D.

F 76031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-c F 76031 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item must be answered. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BROGGIE HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr)

8. AGE: Years	Months	Days	If less than one day: hr	min
37				

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Identified by police Bertillon system

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Name of cemetery, crematory, or other place JOHNS HOPKINS MEDICAL SCHOOL JAN 3 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Huntingtown Williams, Md.

19 (a) JAN 3 - 1941 (Date rec'd by registrar) (b) 6149 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1940, at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Contusions of head and chest.	
Due to Fracture of ribs	
Due to	
Other Conditions Acute alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 27, 1940 1PM
(c) Where did injury occur? Howard & Preston Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

Signature H. L. Wollenweber M.D.
Medical Examiner

Date signed 12-28-40

F 76032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W Registered No.

F 76032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N Broadway - Rooms
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Botta

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) JOHNS HOPKINS MEDICAL SCHOOL JAN 3 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) JAN 3 - 1941 (b) Registrar
(Date rec'd by registrar)
6148

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1940, at 5:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moore M.D.
Medical Examiner
Date signed 12-27-40

76033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76033
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Inverness Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Avan Beach Rd (If rural, give location) Rum Beach Rd.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Graham Biggers

3 (b) If veteran, name war	3 (c) Social Security Account No.
U. S. World	216-09-5299

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	Married

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Bethleham Steel

FATHER
12. Name RANDOLPH [redacted]. Biggers
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary [redacted] IRVIN
15. Birthplace Virginia

16 (a) Informant Mrs. Eva Purnell
(b) Address 110 Avan Beach Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)
(c) Cemetery or crematory Mehoney Va.
Location Lindenburg Co
18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St

19 (a) (Date rec'd by Registrar) (b) Registrar

JAN 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 1a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute pancreatitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute pancreatitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Gardner Gutt M.D.
Medical Examiner
Date signed 1/1/41

76034 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 76034

CERTIFICATE OF DEATH ✓ 131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Gorsuch Ave. St. 9-7 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie T. McKewen

If U. S. Veteran specify WAR _____

(a) Residence: No. 1707 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard McKewen

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME Bridget Carrol

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT E. Frank Harrison
(Address) 1707 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem Jan.-4-1941
Place Date 19

19. UNDERTAKER Feeney Hacket & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED JAN 3 1941 19 Chester W. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-1-1941 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1940 to 1-1- 1941

I last saw her alive on 1-1- 1941 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/30/40
Cardio-vascular-renal disease	Unknown
Other contributory causes of importance:	
Gastroenteritis	12/27/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, explain

(Signed) Pro. B. Sylvester M. D.

(Address) 1407 Hollins

Information should be carefully supplied, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 76035

Benes

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76035
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Ashland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Ashland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Benes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Conrad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Czechoslavakia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Sincow
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Tramer.
(b) Address 2813 Ashland Ave.

17 (a) Burial (b) Date thereof 1/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Charles B. Silberman
(b) Address 2600 E. Madison St

19 (a) JAN 3 - 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 41 at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquest)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams Huntington M.D.
Medical Examiner
Date signed 1/1/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 76036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 W. Churchill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SYLVESTER HARRIS

3 (b) If veteran, name war 5.0597 | 3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1893

8. AGE: Years	Months	Days	If less than one day hr	min
47	5	17		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Harris
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary J Hughes
15. Birthplace Maryland

16 (a) Informant William Harris
(b) Address 242 W Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 4 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Harold L. Brownstein
(b) Address 108 W Montgomery St

19 (a) JAN 6 — 1941 (Date received by Registrar) (b) [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 12:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1 - 2 - 41

76037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 76037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 N Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Stanley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife James Stanley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	8	16		

9. Birthplace Wash Island Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name J. Milburn
13. Birthplace Wash Island Md

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Wash Island Md.

16 (a) Informant Frederick Watson
(b) Address 1307 H Alley

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St.

19 (a) JAN 3 - 1941 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940 8 34 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to Dec 31 1940, and that I last saw h alive on Dec 30 1940.

Immediate cause of death	Duration
Chronic Interstitial Nephritis (Uraemic toxemia)	6 mos.
Due to	
Due to	
Other Conditions Arteria - Sclerotic Hemiplegia + Mitral Insufficiency	Complete.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J Young

Address 1429 E Monument St Date signed 1/1/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 76038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 76038 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alma Poole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Roosevelt Poole
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1911

8. AGE: Years	Months	Days	If less than one day
29	4	18	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas. Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Hargrave
15. Birthplace Md

16 (a) Informant Ida Hadley
(b) Address 609 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5th 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md Brooklyn

18 (a) Funeral director Bynon & Manid H. Knight
(b) Address 128 N. Eutaw St

19 (a) Date received by registrar JAN 8 1941 (b) Registrar Hunt[illegible]

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1940 to 12/30 1940, and that I last saw h[illegible] alive on 12/30 1940.

	Duration
Immediate cause of death Chronic Parenchymatous Nephritis	3 mos
Due to Uremia	
Due to	
Other Conditions Arteriosclerosis & Marked Hypertension (include pregnancy within 3 months of death)	3 mos

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J Young
Address 1 Troy E Mon Date signed 1/7/41

F 76039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-B

F 76039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. Hilton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

20 ?

3 (a) FULL NAME George J. Gamble

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk, retired
11. Industry or business

FATHER
12. Name George Gamble
13. Birthplace Baltimore

MOTHER
14. Maiden Name ? ?
15. Birthplace

16 (a) Informant Miss May Hudgins
(b) Address 1509 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director John A. Mitchell & Son
(b) Address 1800 Eutaw Place, Baltimore

JAN 3 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1941, at 2.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940 to Jan 2 1941, and that I last saw him alive on Jan 2 1941.

Immediate cause of death: Cerebral thrombosis with left side paralysis. leg - arm — Duration 6 wks

Due to Cerebral sclerosis & Epilepsy + general arterial sclerosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 37 W. Preston St. Date signed

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Do not abbreviate. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 76040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 76040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4976 Edgemere Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4976 Edgemere Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

27 18

3 (a) FULL NAME Hilary F. Talbott

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife William M. Talbott.

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 10, 1887

8. AGE: Years	Months	Days	If less than one day
53	7	22	hr. min.

9. Birthplace Belair Md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business at home

FATHER 12. Name Louis Calder

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Burns.

15. Birthplace Ireland.

16 (a) Informant William M. Talbott.

(b) Address 4976 Edgemere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral.

Location Balto. City

18 (a) Funeral director C. Vernon Lemmon.

(b) Address 4611 Park Heights.

19 JAN 3 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to Jan 2 1941 and that I last saw h[illegible] alive on Jan 2 1941.

Immediate cause of death	Duration
Cancer of uterus	1 yr
Due to Metastasis - kidney	6
Due to " bladder	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify in part of place) While at work?

(e) Means of injury

23. Signature Wm D'Arcy Talbot M. D.

Address 4903 Park Heights Ave Date signed 1/2/41

VS 3

76041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A

F 76041
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1920 Battery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 Battery Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Russell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Earl
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 4 1875

8. AGE: Years	Months	Days	If less than one day hr	min
65	10	29		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Earl Russell
(b) Address 1920 Battery Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd.

18 (a) Funeral director D. F. McCully
(b) Address 130 E. Fort Ave.

19 (a) Filed (Date received by registrar) JAN 3- 1941 (b) Hunting ton Williamsburg

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1941, at 1 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Blandford Gist M.D.
Medical Examiner.
Date signed 1/3/41

76042 62153-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 76042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 das.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 730 McKewin Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Schmalback

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1290

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ida Muller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-1883

8. AGE: Years	Months	Days	If less than one day
57	11	16	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Bakery work

11. Industry or business

FATHER 12. Name Sebastian Schmalbach

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Fritchie

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Geo. F. Sander

18 (a) Funeral director Henry Sander & Son Inc.

(b) Address North Ave. & Broadway

JAN 3- 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1941, at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1940, to 1-2 1941, and that I last saw h alive on 1-2 1941.

Immediate cause of death: Cardiac failure

Uremia

Due to: Arteriolosclerosis chronic

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above

Duration
? Instn
? 2 mos.
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto City Hosp Date signed 1-2-41

76043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186 a

Registered No. E 76043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Elkins Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J Welch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	

6 (b) Name of husband or wife William L. Welch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68				

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Simmons
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Maryland

16 (a) Informant Edna J Welch
(b) Address 1714 Elkins Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location A.A. County Md.

18 (a) Funeral director John J Feheny & Sons
(b) Address 1316 Pennsylvania Ave Baltimore, Md.

JAN 3- 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

Immediate cause of death	Duration
Fracture L. femur comminuted	
Hernia diaphragm strangulated	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/29/40
(c) Where did injury occur? 1714 Elkins Lane (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down stairs

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/1/41

VS 6

76044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1180

F 76044 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-8
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 N Milton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Healy

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-6165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kathryn Healey
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Nov 12-1907

8. AGE: Years	Months	Days	If less than one day
33	1	20	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Clerk Surgical Instruments
11. Industry or business Murray Baumgarten

FATHER
12. Name John A. Healy
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Mary O'Connell
15. Birthplace Phila Pa.

16 (a) Informant Mrs Jos P. Wieland
(b) Address 516 Winston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas F. Royal & Son
(b) Address 118 W. Mt. Royal Ave

19 (Date rec'd by registrar) JAN 3-1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-1941, at 5:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Suffocation
Due to: Conflagration
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-2-41
(c) Where did injury occur? 1423 N. Milton ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of smoke & gas - burns.

23. Signature Howard J. Wheeler M.D. Medical Examiner
Date signed 1-2-41

VS 6

76045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. E 76045.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4 8 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 N. Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Healy

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 24 - 1936

8. AGE: Years 4 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name John A. Healy
13. Birthplace Ohio Co

MOTHER
14. Maiden Name Kathryn Ellwood
15. Birthplace Balto

16 (a) Informant Mrs Jos P Wieland
(b) Address 516 Williston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas J. Meyer Son Suc.
(b) Address 118 W. Mt Royal Ave

19 JAN 3- 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1941, at 5:10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to h death on the day stated above.

Immediate cause of death: Asphyxiation — Duration:
Due to Aspiration
Due to
Other Conditions Mucus in Trachea

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-2-41
(c) Where did injury occur? 1423 N. Fulton ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of mucus - gas

23. Signature Howard J. Kemp M.D. Medical Examiner
Date signed 1-2-41

VS 6

76046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1180

Registered No. E 76046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: A. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 N. Milton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathleen Ann Healy

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 19-1938

8. AGE: Years 2 | Months 3 | Days 13 | If less than one day: hr min

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name John A. Healy
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Kathryn Ellwood
15. Birthplace Balto Md

16 (a) Informant Mrs Jos P. Wieland
(b) Address 576 Wilkinson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas E. Sauerhoff Inc
(b) Address 118 W. Mt. Royal ave

19 JAN 3- 1941 (Date rec'd by registrar) (b) Huntington Williamsport Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1941, at 5:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Dying thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest, Dying (Autopsy or Inquiry) had that said deceased came to her death on the day stated above.

Immediate cause of death Suffocation — **Duration**

Due to Conjunction

Due to

Other Conditions Nurse 1 1/2 days home

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-2-41
(c) Where did injury occur? 1423 N. Milton ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Asphyxiation Smoke - gas

23. Signature Howard J. Thomas M.D.
Medical Examiner.
Date signed 1-2-41

VS 6

76047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76047
Registered No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - Fairfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Penley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK YOUNGBAR. Birth # F 15936

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1940

8. AGE: Years	Months	Days	If less than one day
	3	20	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name William Youngbar
13. Birthplace Balt. Md

MOTHER
14. Maiden Name Helen Jacota
15. Birthplace Balt. Md

16 (a) Informant Mother. Helen Youngbar
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-41 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A.A. Co.

18 (a) Funeral director Bernard C Hurle
(b) Address 121 E West St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3, 1941, at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to accidental smothering with blankets of bed	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 3, 1941
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury found smothered in

23. Signature H I Wallenmeier M.D.
Asst Medical Examiner.

Date signed Jan 3 1941

bed clothes

F 76048

60220 3D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76048

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Be sure to answer all questions correctly. Every question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Diamond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Terry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Lillie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, ? 1869

8. AGE: Years	Months	Days	If less than one day
71 yrs. ?	7	2	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joe Terry
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof JAN 3 1941
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Chas H. Brady
(b) Address 1700 Mc Culloh St.

19 (a) (Date rec'd by registrar) (Signature of Registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1941, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1940, to 12-28 1940, and that I last saw him alive on 12-28 1940.

Immediate cause of death	Duration
? Coronary sclerosis	?
Due to Gen. Arteriosclerosis	?
Hypertensive C.V.D.	?
Due to	
Other Conditions Myelofibrosis, left eye hemianopsia, right eye (Include pregnancy within 3 months of death)	?

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K Rabkin M. D.
Address Balto. City Hosp. Date signed 12-28-40

76049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-T

Registered No. E 76049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Ridgely St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) X
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Ridgely St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lee Clabaugh (CLABAUGH)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Angeline Clabaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9-1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	3	23		

9. Birthplace Emmitsburg Md (Town, county, and state)
10. Usual Occupation Woodsman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Emmitsburg Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Emmitsburg Md

16 (a) Informant Edith Clem
(b) Address 1015 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-41 (month) (day) (year)
(c) Cemetery or crematory Fund Oak Church
Location Frederick County, Md

18 (a) Funeral director Durand Q Covington
(b) Address 21 W 21st St.

19 (a) JAN 4 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1941, at 11:47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30/ 1940 to Jan. 2 1941 and that I last saw him alive on 1/2/41

Immediate cause of death	Duration
Hypertensive cardio vascular disease	?
Due to	
Due to	
Other Conditions Acute bronchitis	2 Wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Corbett M. D.
Address 1226 Hanover St. Date signed 1/3/41

VS 3

76050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 76050

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address So. Balto. Genl. Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1371 andre (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew L. Polzin

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Josephine Werner

(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept 21.

8. AGE: Years 38 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Saloon Keeper

11. Industry or business

FATHER — 12. Name Martin Polzin

13. Birthplace Europe

MOTHER — 14. Maiden Name Mary Biedlofski

15. Birthplace Europe

16 (a) Informant Mrs. Josephine Polzin

(b) Address 1371 andre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6/41 (month) (day) (year)

(c) Cemetery or crematory Holy Cross. Location Bradby a.a. Co. Md

18 (a) Funeral director Margaret A. Flynn

(b) Address 1422 Light St

19 (a) 1-4-41 (Date received by registrar) (b) Hunter Lon Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1941, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1941 to 1-2 1941, and that I last saw h[illegible] alive on 1-2 1940.

Immediate cause of death Cardiac failure — Duration: 1 day

Due to Hypertension — 3

Due to —

Other Conditions — over

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pulmonary Congestion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. Lewis M. D.

Address S. Balto. Gen. Hosp. Date signed 1-2-41

VS 3

76051

F 76051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" where information cannot be obtained. Usual residence is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2801 Fredrick ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2801 Fredrick ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma [illegible] Steinacker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband or wife Thomas F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1869

8. AGE: Years	Months	Days	If less than one day
71	7	28	hr. min.

9. Birthplace Balto, Co., Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name John Wade

13. Birthplace

MOTHER

14. Maiden Name Harriett morrison

15. Birthplace md.

16 (a) Informant Mrs. R. J. Dougherty

(b) Address 413 Warren ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5. 41 (Month) (day) (year)

(c) Cemetery or crematory London Park Cemetery

Location Balto md

18 (a) Funeral director Margrit E. Flynn

(b) Address 1422 Light St.

19 (a) (Date rec'd by registrar) (b) Hunting Ave Hillsdale N.J.

1942

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 1.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1940, to Jan 2 1941, and that I last saw her alive on Jan 1 1941.

Immediate cause of death	Duration
Coronary Thrombosis (cad)	2 days
Due to Cardio Vascular Renal disease & Hypertension	2 years
Due to	
Other Conditions Diabetes Mellitus	20 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eliot W. Johnson M. D.

Address 3432 Fremont Ave Date signed

76052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 76052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1311 Ashland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1311 Ashland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles L. Redding

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah Redding

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 1883

8. AGE: Years 57 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Emma —

MOTHER 15. Birthplace Unknown.

16 (a) Informant Sarah Redding

(b) Address 1311 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Cromwell

(b) Address 604 N. Caroline St.

19 (a) JAN 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12 · 27 1940 to 1 · 1 · 1941, and that I last saw h— alive on 1 · 1 · 1941.

Immediate cause of death Lobar Pneumonia — Duration 5 days

Due to Uremia — 2 days

Due to — 2 days

Other Conditions Acute Dilatation of Heart — 1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. L. Berry M. D.

Address 420 E. Chase Date signed 1 · 3 · 40

VS 3

61243-ED
76053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B ✓ F 76053 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every item. Underline the cause to which loss of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 7das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 East Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Rosalie Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-1939

8. AGE: Years	Months	Days	If less than one day
1	1	11	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Lee Brown
13. Birthplace S.C.

MOTHER
14. Maiden Name Ella Burrell
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.

19 JAN 4 1941 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1940 to 1-2 1941, and that I last saw her alive on 1-2 1941.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 months
Due to	
Due to	
Other Conditions: Tuberculous peritonitis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which loss of age should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-3-41.

76054

390895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. E 76054

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert L. Harris (Smith)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 27 - 38

8. AGE: Years	Months	Days	If less than one day hr.	min.
2 3/12	9	4		

9. Birthplace Penn - (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Elizabeth Harris
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert F. Young Jr.
(b) Address 804 N. Caroline St.
19 (a) JAN 4 - 1941 (b) Filed by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941 at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Jan 1, 1941, and that I last saw him alive on Jan 1 1941.

Immediate cause of death	Duration
Lobar pneumonia	4d.
Due to	
Due to	
Other Conditions malnutrition	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 1/3/1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

76055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 76055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Md. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 Springfield Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) Full name: Upton R. Standiford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mabel Standiford

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) January 24-1877

8. AGE: Years 68 | Months 11 | Days 4 | If less than one day min.

9. Birthplace Harford Co. (Town, county, and state)

10. Usual Occupation Granite Cutter

11. Industry or business

FATHER — 12. Name Thos R. Standiford

13. Birthplace Md

MOTHER — 14. Maiden Name Cassandra Knight

15. Birthplace Md

16 (a) Informant Mrs Mabel Standiford

(b) Address 612 Springfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director Ortwein Bros

(b) Address 2330 E. Lafayette St.

(b) Huntington Williams MD

(Date rec'd by registrar) JAN 6 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1941 at 8.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1940, to 1-2 1941, and that I last saw h alive on 1-2 1941.

Immediate cause of death Bronchopneumonia — Duration

Due to Myocardial insufficiency

Due to Bronchitis & Bronchiectasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.

Address Md General Hosp Date signed 1/2/41

F 76056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W

+ ✓ F 76056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Always
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Mondale (If outside city or town limits, write RURAL and give town)
(d) Street No. 5711 Old Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Caroline Emmett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1886

8. AGE: Years	Months	Days	If less than one day
54		1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name William N. Emmett
13. Birthplace Maryland

MOTHER 14. Maiden Name Anne Catherine King
15. Birthplace Maryland

16 (a) Informant Dwight Emmett
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Dolfield

18 (a) Funeral director Gray & Family
(b) Address 5411 Liberty Heights

JAN 4 - 1941 Huntington Williams M.F. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 19 41, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12, 19 40, to 1/2 19 41, and that I last saw h alive on Jan 2 19 41.

Immediate cause of death Myocardial Insufficiency
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Edmonds Schenkel M.D.
Address 1111 Cathedral St. Date signed 1/4/41

PLEASE WRITE PLAINLY, with unfading ink. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

Registered No. E 76057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Please see that the information you give is correct and complete. Be sure to give the correct age in each case. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3101 Southern ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3101 Southern ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry A. Kramer

3 (b) If veteran, name war

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Nina A. Kramer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1895

8. AGE: Years	Months	Days	If less than one day
45	0	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Owner of business

11. Industry or business Barber's supplies

FATHER 12. Name Louis Kramer

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace —

16 (a) Informant Mrs Nina A. Kramer

(b) Address 3101 Southern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Md.

18 (a) Funeral director E. Leroy Stuffler & Inc

(b) Address 125 E. North ave.

19 JAN 4 — 1941 Registered by [illegible] Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Jan 1 1941 and that I last saw him alive on Dec 18 1940.

Immediate cause of death: Angina Pectoris — Duration: 7 yrs.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George Dawson M.D.

Address 4716 Harford Rd. Date signed 1/4/41

VS 3

F 76058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 76058 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert + Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 Forest St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 19 + years

3 (a) FULL NAME Angelo Costello.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-7006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-'08

8. AGE: Years	Months	Days	If less than one day hr.	min.
32	5	19		

9. Birthplace Italy. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Gaetano Costello.

13. Birthplace Italy

MOTHER 14. Maiden Name Beatrice Neve

15. Birthplace Italy

16 (a) Informant Jennie Costello (Wife)

(b) Address 420 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1941 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd.

18 (a) Funeral director Fraull Della Mae

(b) Address 52 N. Morley St.

JAN 4 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1941, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1940, to Jan. 3 1941, and that I last saw him alive on Jan. 2 1941

Immediate cause of death: Chronic Nephritis — Duration: 1 yr.

Due to

Due to

Other Conditions Pleurisy, Left. — ?

(Include pregnancy within 3 months of death) over

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W.C. Livingood M. D.

Address Mercy Hospital Date signed 1-3-41

VS 2

61176-Fu
76059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 76059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.11das. 16
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Chambers

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife Unk.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-3-1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	2	0		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Samuel Pearson
13. Birthplace Md.

MOTHER
14. Maiden Name Sara Smith
15. Birthplace N.C.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Iturial, ~~cremation, or removal~~) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director Adrian Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 4 - 1941 (Date rec'd by reg'r) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-1941, at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22-1940 to 1-3-1941, and that I last saw h[illegible] alive on 1-3-1941.

Immediate cause of death Gangrene - Left foot — Duration 2 wks
Due to A-S. Int Occ — ?
Due to Gen A S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard McCotter M. D.
Address Balto City Hosp Date signed 1-3-41

VS 3

76060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W Registered No. E 76060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas P. Broadbelt

3 (b) If veteran, name war No
3 (c) Social Security Account No. 217-18-2537

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Cora Lee Broadbelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8th 1867

8. AGE: Years	Months	Days	If less than one day
73	8	25	hr. min.

9. Birthplace Balto Co. Md.
(Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business Jefferson Bldg. Loan Assn

FATHER
12. Name John E. Broadbelt
13. Birthplace Md

MOTHER
14. Maiden Name Almira V. Gosnell
15. Birthplace Md

16 (a) Informant Ethel S. Woodward
(b) Address 1225 E. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 4 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3rd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to Jan 3 1941, and that I last saw h— alive on Jan 3 1941.

Immediate cause of death Coronary Occlusion — Duration Jan 1-1941

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Fell Down

23. Signature
Address 1761 E North Ave Date signed 1/3/41 M. D.

VS 3

76061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G Registered No.

F 76061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Slagle

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1867

8. AGE: Years 73 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Henry Slagle
13. Birthplace Frederick Co Md

MOTHER 14. Maiden Name Katherine Rice
15. Birthplace Frederick Co Md

16 (a) Informant M. B. Grout
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St

19 (a) JAN 4 – 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1941 at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1940 to Jan 3 1941, and that I last saw he ✓ alive on Jan 2 1941.

Immediate cause of death Carcinomatosis (Abdominal)

Due to

Due to

Other Conditions Myocardial Failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo E Skarman MD

Address 200 N. Fulton Ave Date signed 1/3/40 M. D.

VS 3

76062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No. E 76062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Joppa
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wilna Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min

9. Birthplace Frankinville (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name George W. Martin

13. Birthplace Md

MOTHER 14. Maiden Name Emma Price

15. Birthplace Md

16 (a) Informant Emma Martin

(b) Address Frankinville Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)

(c) Cemetery or crematory Mountain View Cemetery

Location Harford Co Md

18 (a) Funeral director David Davidson

(b) Address Aberdeen Md

19 (a) (Date rec'd by registrar) JAN 4 - 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1941 at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intestinal Obstruction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Vandervort M.D.
Medical Examiner.

Date signed 1/3/41

VS 6

F 76063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 76063
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in
(b) Street address — harbor near Pier
(c) Hospital or institution: 8. Light St. Wilson Line
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Riggs Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES (JOSEPH) H JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-07-3236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Mary Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1887

8. AGE: Years	Months	Days	If less than one day hr.	min
53	9	1		

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Joanna Morris
15. Birthplace Maryland

16 (a) Informant Carrie Johnson
(b) Address 1116 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location Baltimore Md

18 (a) Funeral director William E Jackson
(b) Address 916 Pennsylvania ave

19 (a) JAN 4-1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941 at 1 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Drowning — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence morning Dec 3, 1940
(c) Where did injury occur? harbor - near Light St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury Drowning

23. Signature H L Wallenhaber M.D.
Medical Examiner.
Date signed 1-3-41

VS 6

76064 F 76064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1126 N. Stricker St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1126 N. Stricker St. (If rural give location)

16

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	Widowed

6 (b) Name of husband or wife George Davis

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18 76

8. AGE: Years	Months	Days	If less than one day
64	6	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business own home

FATHER 12. Name Solomon Dozier

13. Birthplace Va

MOTHER 14. Maiden Name Unknown

15. Birthplace Va

16 (a) Informant James Miller

(b) Address 1126 Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Anne Arundel County, Md

18 (a) Funeral director William A Jackson

(b) Address 916 Fairfax ave

19 (a) JAN 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 1 — 1941 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1940 to 1-1 1941, and that I last saw her alive on 12-31-1940.

Immediate cause of death Myocarditis — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Burk A Saunders M. D.

Address 1029 N. Stricker St Date signed 1-1-41

VS 3

F 76065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓

F 76065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 N. Parrish St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Savage

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Margaret Savage

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
73				

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Effie M Wise
(b) Address 409 N Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1941 (month) (day) (year)
(c) Cemetery or crematory Keller Va
Location A. A. Co

18 (a) Funeral director Joseph G. Lively
(b) Address 409 N Mount Street

19 (a) JAN 4 - 1941 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1940 to 1/2 1941.
and that I last saw h[illegible] alive on 1/1 1941.

Immediate cause of death

	Duration
Chronic Bronchitis	
Due to Pneumonia	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 16 [illegible] W. Lanvale St Date signed 1/3/41

VS 3

76066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B ✓ Registered No. F 76066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE OR IRVING REID ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4088

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Reid

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1903

8. AGE: Years 37 | Months 8 | Days 9 | If less than one day: hr min

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Truck driver -

11. Industry or business moving Van

FATHER
12. Name George Irving Reid Sr
13. Birthplace Va

MOTHER
14. Maiden Name Sallie anna Rogers
15. Birthplace Va

16 (a) Informant Mrs L. Church, Aunt
(b) Address 505 Arington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn
Location Baltimore Maryland

18 (a) Funeral director Joseph A. Sivley
(b) Address 4091 Mount street Huntington Williams, W Va

19 (a) JAN 4 1941 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Tuberculosis, pulmonary chronic, Related — **Duration** 1 yr.?

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner

Date signed 1-3-41

F 76067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 76067
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not leave blanks. If unknown, write "unknown." Do not abbreviate. Use ditto marks correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Elgin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Elgin Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS HENRY FRANZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	127-10-9573

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose R. Franz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1877

8. AGE: Years	Months	Days	If less than one day
63	4	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Pepsi Cola Company

FATHER
12. Name Henry Franz
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Annie McNulty
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Rose R. Franz
(b) Address 3407 Elgin Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues.

JAN 4 - 1941 (Date rec'd by registrar) (Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1941, at 8:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1940 to Jan 3 1941, and that I last saw him alive on Jan 2 1941

Immediate cause of death: Lobar pneumonia — Duration: 14 days

Due to

Due to

Other Conditions arterio-sclerosis - Myocarditis - about 1 MO. duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E. Waddell M. D.
Address 2 220 Harrison Bldg Date signed 1/4/41

VS 8

F 76068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14-B

F 76068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information is important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 das.

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1522 Mutaw Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wilson (61276) (Joseph Leland Wilson)

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-03-9615

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Nellie Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4, 1893

8. AGE: Years	Months	Days	If less than one day
47	4	28	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Plumber's Helper

11. Industry or business

FATHER 12. Name Joseph Wilson

13. Birthplace S. C.

MOTHER 14. Maiden Name [illegible] Abell (Theodorsha)

15. Birthplace S. C.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues Huntington Williams, M.D.

19 JAN 4 - 1941 (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 2 - 1941, at 7P M 25

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 26 - 1940, to 1 - 2 - 1941, and that I last saw h[illegible] alive on 1 - 2 - 1941.

Immediate cause of death Acute Leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Leukemia

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 1-3-41

VS 3

F 76069

F 76069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178-B

Registered No. F 76069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Garage in rear
(b) Street address 3040 Herbert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILBUR A. MORGAN

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 212-03-1658

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillie Morgan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 1, 1898
8. AGE: Years 42 | Months 4 | Days 1 | If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Chauffeur
11. Industry or business: Sun Cab Company

FATHER
12. Name: Levi Morgan
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Maryland

16 (a) Informant: Mrs. Nellie A. Morgan
(b) Address: 2929 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues.

19. JAN 4 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1941, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning
Due to: by breathing gas of
Due to: auto
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence January 2, 1941 15-6
(c) Where did injury occur? Garage 3040 Herbert (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage (Specify type of place) While at work? No
(e) Means of injury: by breathing gas auto

23. Signature: H. L. Wolkenmacher M.D.
Medical Examiner.
Date signed: Jan 3, 1941

76070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 76070

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1710 W. Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1710 W Lafayette Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

1623

3 (a) FULL NAME Ada Louise Fauntleroy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1897

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	8	17		

9. Birthplace Deep River Conn. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER

12. Name Howard W. Fauntleroy

13. Birthplace Va.

MOTHER

14. Maiden Name Margaret Howard

15. Birthplace Md.

16 (a) Informant Mrs. Margaret Fauntleroy

(b) Address 1710 W Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (month) (day) (year)

(c) Cemetery or crematory Arlington Park

Location Balto Co. Md

18 (a) Funeral director Mrs. Geo. H. Hoffman

(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Huntingtown Williams, Inc. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31. 1940, at 11.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Dec 31 1940 and that I last saw her alive on Dec 30 1940.

Immediate cause of death Chronic Pneumonia Nephritis.

Due to Uremia.

Due to

Other Conditions Mental Insufficiency and Hospital Furnishings (Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration
1 yr.
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph E. Yeatman, M.D.

Address 1424 E. Pleasant Street Date signed 1/6/41

Spec.—9-39—A. & Co.—250 Bks.

F 76071

76071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1608 N. Gilmor St 151 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest White

(a) RESIDENCE NO. 1608 N. Gilmor St ST. ..... WARD No special address

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

NB—WRITE PLAINLY, WITH UNFADING INK—THE LIFE OF A PERSON MAY DEPEND ON THE ACCURACY OF THIS RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 4 1941

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel White

6 DATE OF BIRTH (month, day, and year) Nov. 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Darlington S. C.

PARENTS

10 NAME OF FATHER Peter White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Darlington S. C.

12 MAIDEN NAME OF MOTHER Chloris Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florence S. C.

14 Informant Peter White

(Address) 1608 N. Gilmor St Huntington or Telephone No.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-41

17

I HEREBY CERTIFY, That I attended deceased from 12-31 1940 to 1-2- 1941

that I last saw him alive on 1-2- 1941

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. M. Lawrence M. D.

19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem. A. A. Co. md.	Jan. 5 1941
20 UNDERTAKER	ADDRESS
Chas. Alexander	921 N. Mount St

76072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

FREE ✓ F 76072 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W
(b) Street address 1107 Lexington W
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 W Lexington St W (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col'd	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
72				

9. Birthplace Ellicott City Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Florence Brown
15. Birthplace Ellicott City Md

16 (a) Informant Charles Brown
(b) Address 1107 Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1949 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schrader St

19 (a) 1949 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 49, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 19 48, to Jan 1 19 49, and that I last saw h alive on Jan 1 1949.

Immediate cause of death	Duration
Organic Dis Heart	9
Due to Cerebral Hemorrhage	9
Due to	
Other Conditions T.B.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Fitzmorris M. D.
Address 907 W Fayette Date signed Jan 4/49

76073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a Registered No. 76073

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton & Wilkens Ave

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 das.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)

(d) Street No. 5-1 (If rural give location)

S.S. 212-07-0089

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dr. Robert C. Stephenson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sarah Wright Stephenson 6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr) 3/28/1880

8. AGE: Years	Months	Days	If less than one day
60	9	5	hr. min.

9. Birthplace Port Deposit, Md. (Town, county, and state)

10. Usual Occupation Druggist

11. Industry or business Pharmacy

FATHER 12. Name J. Taylor Stephenson

13. Birthplace Md

MOTHER 14. Maiden Name Carolyn N. Jenks

15. Birthplace Virginia

16 (a) Informant Miss Anna J. Stephenson

(b) Address Port Deposit, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (month, day, year)

(c) Cemetery or crematory Rosewell Cem. Location Port Deposit, Md.

18 (a) Funeral director Lee A. Patterson per-M.P.

(b) Address Perryville, Md.

JAN 4 – 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1941, at 10½ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1940 to 1-3 1941, and that I last saw h[illegible] alive on 1-3 1941.

Immediate cause of death Carcinoma of Laryngs with Metastasis

Due to

Due to

Other Conditions Lung abscess. Duodenal ulcer (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of larynx with metastasis to lung & lung abscess. Duodenal ulcer

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Brady Smith M.D.

Address St. Agnes Hospital Date signed 1/4/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

Local Security Num- not filed E 76074

76074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Maiden Ln (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Cecilia Leichert

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-1699

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laboring Work

11. Industry or business

FATHER
12. Name Ludwig Myer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Bitter
15. Birthplace Md

16 (a) Informant Mrs Brown
(b) Address 1910 Maiden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6-41 (month) (day) (year)
(c) Cemetery or crematory Medford Ridge
Location Wright Road

18 (a) Funeral director Edward Toulson
(b) Address 509 Ware Ave

19 (a) JAN 5 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1941 at 1.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1940 to 1-2 1941. and that I last saw her alive on 1-2 1941.

Immediate cause of death Septicemia — Duration

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Infarcts of Spleen

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home or on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Md General Hospital

Address Date signed 1/2/41

F 76075

Kalman Sodden

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 41-D

F 76075

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Patterson
(c) Hospital or institution: Sinai Hospital 17-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Bryant Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kalman Sodden

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
57 56			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business Brush Factory

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Ella Sodden
(b) Address 2301 Bryant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 JAN 5 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/41 19 , at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 19 40 to 1/4 19 41, and that I last saw h[illegible] alive on 1/4 1941.

Immediate cause of death	Duration
Carcinoma of Lung & Metastasis	
Due to	
Due to	
Other Conditions Bilat. Pleural Effusion Hypostasis of Pulm. Suppuration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Taken

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Tobias A. Cohen M.D.
Address Sinai Hospital Date signed 1/4/41

F 76076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130-P

F 76076

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da.
(e) Length of stay in Baltimore (yrs., mos., or days) 42

12-12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Violet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Klush

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
60 59			..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation .....
11. Industry or business Furniture Business

FATHER
12. Name Hirschel Klush
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Malka
15. Birthplace Russia

16 (a) Informant Mary Klush
(b) Address 2902 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Rd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) ..... (Date received by Registrar) (b) Certified by Physician, Medical Examiner, Coroner, or Midwife

JAN 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 3 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940, to JAN 3 1941, and that I last saw him alive on JAN 3 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3da.
Due to Lueto Arteriosclerosis	
Due to Cardio vascular Renal	
Other Conditions Lueto Meningitis	
Cardiac Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Lueto Scarlatina & Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Herbert W. Klein, M. D.
Address Sinai Hospital Date signed 1/3/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76077

F 76077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 76077

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & St + Rutland Ave.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 322 S. Collington Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred J Hess.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maggie Hess

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feby 10 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	10	24		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Foreman Retired

11. Industry or business American Can Co

FATHER 12. Name Geo Hess

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Buschemier

MOTHER 15. Birthplace Baltimore

16 (a) Informant Maggie Hess

(b) Address 322 S Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7/1941 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 2008 Eutaw

19 (a) JAN 5 1941 (Date received by Registrar) (b) Hunter Jones Mill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/41 19 , at 12:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 19 40, to 1/4 19 41, and that I last saw h[illegible] alive on 1/3 19 41.

Immediate cause of death Cardiac Failure — Duration 2 yr

Due to Bronchial Asthma — 9 yr

Due to Arteriosclerotic Cardiovascular disease — 9 yr

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arnold U. Dreed M. D.

Address Date signed

76078

cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76078

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 72 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 N. Decker Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Holthaus (62320)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael Krebs (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Leubecker (D)
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6. 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulmair
(b) Address 2008 Aisquith

19 (a) (Date rec'd by registrar) (b) [illegible]

JAN 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1941 at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1941 to 1/2 1941, and that I last saw her alive on 1/2 1941.

Immediate cause of death	Duration
Diabetes mellitus	?
Generalized arteriosclerosis	?
Due to Coronary thrombosis	5 min.
Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney A. Fishel Jr. M. D.
Address Baltimore City Hosp. Date signed 1/3/41

F 76079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V131 a F 76079

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1161 Carroll St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 - 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1161 Carroll St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) **FULL NAME** Mary E Hammel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Fem

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Oliver V Hammel

6 (c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Feb 11th 1877

8. AGE: Years: 63 | Months: 10 | Days: 25 | If less than one day: hr. ... min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER

12. Name: Not known

13. Birthplace: " "

MOTHER

14. Maiden Name: " "

15. Birthplace: " "

16 (a) Informant: Oliver V. Hammel

(b) Address: 1161 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 7 41 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Cem

Location: Balto Md

18 (a) Funeral director: Bernard C. Hartz

(b) Address: 131 E West St

19 (a) JAN 8 1941 (Date received by registrar) (b) Hunting to [illegible] Maryland (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 4th - 1941 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12/40 19... to 1/4 1941.

and that I last saw her alive on 1/4/41 19...

Immediate cause of death: Acute Cardiac Failure — Duration: 1 day

Due to: Cardio-Vascular Renal Disease — 6 mos

Due to: ...

Other Conditions: ...

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ...

Of autopsy: ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...

(e) Means of injury ...

23. Signature: Joseph G Lankala

Address: 619 Washington Blvd Date signed: 1/4/41

F 76080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G3-D

F 76080

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as completely as possible. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 North Culvert street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --- 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 North Culvert street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH EDEMA MITCHELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Wid W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Ja. --, -- 62

8. AGE: Years	Months	Days	If less than one day
78	11	28	hr. min.

9. Birthplace Reisterstown, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Freeman
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Deborah Wright
15. Birthplace

16 (a) Informant Mrs. E. Freeman
(b) Address 1702 N. Culvert Stre

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location

18 (a) Funeral director Chas. J. Evans Funeral
(b) Address 118 N. Mt Royal Ave.

19 JAN 5 1941 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1941, at 7.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1933, to January 3 1941, and that I last saw her alive on January 3 1941

Immediate cause of death: Pulmonary oedema — Duration: 3 days

Due to arteriosclerotic heart disease with hypertension — Duration: 8 years

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Randall R. Smith Jr
Address 1014 St Paul St. Date signed 1/4/41 M.D.

VS 3

E 76081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a E 76081 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John - Lafayette St
(c) Hospital or institution: Hosp. f. Women of Md. 26-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 323 S. Conwell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary May Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Lloyd Vain Palmer
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 6 1898

8. AGE: Years	Months	Days	If less than one day
42	7	28	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Frank J Seidel
13. Birthplace Germany

MOTHER
14. Maiden Name Lydia Wells
15. Birthplace Baltimore Md

16 (a) Informant Lloyd Vain Palmer
(b) Address 323 Conwell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director Chas. F. Grand Son Inc
(b) Address 118 W. Mt Royal ave

JAN 5 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1941, at 5-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5th 1940 to Jan 4th 1941, and that I last saw h alive on 1/3 1941.

Immediate cause of death Carcinomatosis

Duration: more than 6 months

Due to following Carcinoma

Due to Of left ovary

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca ovary left + Carcinomatosis
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilfred Y. Stout M. D.

Address Women's Hosp. Date signed

F 76082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-H

F 76082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secour Hospital
(c) Hospital or institution: Bon Secours Hospital 26-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Shamrock Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Mrs Rudolph Praley
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Sylvia Praley
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 12-8-81

8. AGE: Years	Months	Days	If less than one day
59	--	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business

FATHER
12. Name John Praley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Rezek
15. Birthplace Baltimore, Md.

16 (a) Informant Sylvia Anna Praley
(b) Address 4210 Shamrock Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cohenian
Location

18 (a) Funeral director Chas. A. Gaus & Son Inc
(b) Address 118 W. Mt. Royal Ave

19 JAN 5 - 1941 Washington Village, Md. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1941, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1940, to 1-4 1941, and that I last saw h[illegible] alive on 1-4 1941.

Immediate cause of death: Lymphosarcoma — Duration: 3 yrs.
Due to
Due to
Other Conditions — Duration: Over
(Include pregnancy within 3 months of death)

Major findings:
Of operations Lymphosarcoma
Biopsy abdomen - 3-6-37
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D.
Address 102 S W Fayette St Date signed 1-5-41 M. D.

VS 8

F 76083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 3698

F 76083

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 Lawens St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Lawens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Ida Reed

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife James Reed
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68 67			hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Own Home

FATHER
12. Name James Baxter
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John Monroe
(b) Address 1514 Lawens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md.

18 (a) Funeral director Chas. Alexander
(b) Address 927-N-Mount St.

19 (a) JAN 5 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1941, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30-1940, to 1-3-1941, and that I last saw her alive on 1-1-1941.

Immediate cause of death	Duration
Lobar pneumonia	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. H. Saunders M. D.
Address 929 N. Charles Date signed 1-5-41

VS 3

F 76084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 76084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5301 Wayne Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5301 Wayne Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances B. Eberman

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife Elliott G. Eberman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11. 1851

8. AGE: Years	Months	Days	If less than one day
89	3	23	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Michael Bromley

13. Birthplace England

MOTHER 14. Maiden Name McCormick

15. Birthplace Scotland

16 (a) Informant Paul V. Eberman

(b) Address 5301 Wayne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 7. 1941 (month) (day) (year)

(c) Cemetery or crematory OAK HILL CEMETERY

Location SANDY LAKE PA.

18 (a) Funeral director John Ortwichadt Sons

(b) Address 1900 Eutaw Place.

JAN 6 – 1941 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1941, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1940, to 1/3 1941, and that I last saw h[illegible] alive on 1/3 1941.

Immediate cause of death: Cleavage ~~me~~ fracture intertrochanteric fracture of femur

Due to Senile arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration yrs? 5-6 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 3902 Groveland Ave. Date signed

Dr Kennedy

F 76085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

F 76085 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 Hudson St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James B. Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Edith Price Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1869

8. AGE: Years	Months	Days	If less than one day
71	--	11 12	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Salesman, retired
11. Industry or business

FATHER 12. Name James B. Taylor
13. Birthplace Md.

MOTHER 14. Maiden Name Hannah S. Tipton
15. Birthplace Md.

16 (a) Informant Edith Price Taylor
(b) Address 3413 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941, at 3a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940. to Jan 3 1941. and that I last saw h alive on Jan 3 1941.

Immediate cause of death: Acute Cardiac Dilation — Duration: few hours

Due to Arterio-Sclerosis Gen'd — Duration: 1 yr

Due to Myocarditis — Duration: 1 yr

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Kelly

Address 2027 W. Pratt St. Date signed 1/3/41

F 78685 9:30 A.M. 1013 N. Charles

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

F 76086 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 W. Coldspring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 16
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 W. Coldspring Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME DAVID H. SCHMULOVITZ LOVITT

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business Self

FATHER
12. Name Eliza Lovitt
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Blass
15. Birthplace Russia

16 (a) Informant Gertrude Lovitt
(b) Address 2507 W. Coldspring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Sermon Lot Pt

18 (a) Funeral director Joe Lewis Inc.
(b) Address 1439 E. Balto St

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] (Registrar)
JAN 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-41 19 20 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1939 to 1/4 1941, and that I last saw him alive on 1/3 1941.

Immediate cause of death Carcinoma, bronchogenic, right — Duration 2½ yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison M. D.
Address 1013 N. Charles St Date signed 1/5/41

Spec.—6-9-19—H. P. Co.—1000 Bks.

Culiner ✓ F 76087

F 76087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-D

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 Quantico Ave St.) WARD) 15-13

2-FULL NAME Abram Culiner

(a) RESIDENCE. No. 2630 Quantico Ave St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 34 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Selma Culiner

6 DATE OF BIRTH (month, day, and year): Sept 25-1880

7 AGE: Years 60 Months 3 Days 11 10

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Culiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Chaet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Brother Joseph 2430 Capital Ave

15 JAN 3rd 1941. 19 Registrar

Thomas J. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5 1941

17 I HEREBY CERTIFY, That I attended deceased from August 6. 1940. to Jan 5 — 1941.

that I last saw him alive on Jan 4 — 1941.

and that death occurred, on the date stated above, at 4.25a m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary edema

(duration) 24 hours hrs. ... mins. ... ds.

CONTRIBUTORY (Secondary) Chronic myocarditis arterial sclerosis (duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) D. M. Bernardt M. D.

1/5, 1941 (Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Barney Cem

DATE OF BURIAL: 1-7-41 19

20 UNDERTAKER: Jack Lans Inc

ADDRESS: 1433 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 76088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76088 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 Guilford Av
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Leah Amelia Norman

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July-18-1856
8. AGE: Years 84 | Months 5 | Days 16 | If less than one day: hr. 15 min.
9. Birthplace North Carolina (Town, county, and State)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William J Norman
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary N. Hunter
15. Birthplace North Carolina

16 (a) Informant E. H. Norman - (brother)
(b) Address Severn Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-41 (month, day) (year)
(c) Cemetery or crematory Loudenslager
Location Baltimore

18 (a) Funeral director Stewart Moore Co.
(b) Address 108 W Mt Ave.

19 (a) Date rec'd by Registrar JAN 5 — 1941 (b) Registrar Hunter Jr. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1941, at 9.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to January 3, 1941. and that I last saw her alive on January 3, 1941.

Immediate cause of death: Cerebral Hemorrhage. — Duration: Hrs.
Due to
Due to: Arteriosclerosis. — Duration: 2 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh Forsythe, M. D.
Address 424 E. North Av. Date signed 1-4-41.

VS 8

F 76089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A F 76089 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 7 York Court

(c) Hospital or institution at home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 012

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 7 York Court (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Frederick Tildenlow Nash

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Viola W. Nash

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug-3-1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
61-57	5 4	1		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Employee of U. S.

11. Industry or business Government

FATHER 12. Name Mr - Nash

13. Birthplace Virginia

MOTHER 14. Maiden Name Charlotte - ??

15. Birthplace Virginia

16 (a) Informant Mrs F G Nash - wife

(b) Address 7 York - Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 6 - 41 (month) (day) (year)

(c) Cemetery or crematory Loudent Park

Location Balto. Md.

18 (a) Funeral director Stewart Mortuary Co

(b) Address 108 W North Ave.

19 (a) JAN 5 - 1941 (Date rec'd by registrar) (b) Number registered Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1941 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1940 to Jan 4, 1941. and that I last saw him alive on Jan. 3, 1941

Immediate cause of death: Broncho-pneumonia — Duration: 1 week

Due to: Chronic Myocarditis, arteriosclerosis and — —

Due to: Nephritis. —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lloyd E. Saylor M. D.

Address 3902 Greenmount Ave. Date signed Jan. 4/41

VS 8

F 76090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Summerville

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1/16/1885

8. AGE: Years	Months	Days	If less than one day
55	11	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation W.P.A.

11. Industry or business

FATHER 12. Name John H Summerville
13. Birthplace Md

MOTHER 14. Maiden Name Eliz Jane Sheaff
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 108 W Montgomery St

19 (a) (Date received by registrar) (b) Registrar

JAN 5 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 3 1941, and that I last saw him alive on Jan 3 1941.

Immediate cause of death Acute Coronary occlusion — Duration 17 days

Due to Embolus from mitral valve

Due to

Other Conditions Subacute bacterial endocarditis due to alpha strepto coccus (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.

Address Johns Hopkins Hospital Date signed 1-3-41

76091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 76091 Registered No.

LH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4040 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Pinto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1888

8. AGE: Years	Months	Days	If less than one day
52	8	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name August
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Brobitch
15. Birthplace Md.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 S. Bond St

JAN 6 - 1941 (Date rec'd by registrar)

(b) Henrie Jos. Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1941, at 10:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1941, to 1-4 1941, and that I last saw her alive on 1-4 1941.

Immediate cause of death: Hypertensive cardio-vascular disease & decompensation — Duration: ?

Due to: Gangrene Lt. Leg due to Embolism — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Eckert Jr.
Address Baltimore City Hosp. Date signed 1/5/41

F 76092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P F 76092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1145 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Edward Cross

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ or wife Florence B. Cross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1868

8. AGE: Years	Months	Days	If less than one day
72	2	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Journeyman
11. Industry or business Painter

FATHER 12. Name Cyril Cross
FATHER 13. Birthplace Md.
MOTHER 14. Maiden Name Elizabeth White
MOTHER 15. Birthplace Unknown

16 (a) Informant Florence B Cross
16 (b) Address 1145 N. Milton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/5/41 (month) (day) (year)
17 (c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
18 (b) Address 1217 St. Paul St.

19 JAN 6 – 1941 (Date rec'd by registrar) (b) Permit issued, Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5th 1941 at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1940 to Jan 5 1941 and that I last saw h~~e~~r alive on Jan 4 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage C.V. Disease	
Chronic Nephritis	
Due to Myocardial Failure	12-31-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund K
Address 8438 Fort Ave Date signed 1-5-41 M. D.

VS 3

F 76093

F 76093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4m02lda
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 4109 Boarman Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

5 4 P

3 (a) FULL NAME Charles D. LAMSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	215-16-9825

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nora C. Clinch
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	29 30	hr. min.

9. Birthplace New Orleans, La. (Town, county, and state)
10. Usual Occupation Fire protection business
11. Industry or business

FATHER
12. Name Charles D. Lamson
13. Birthplace Worcester, Mass.

MOTHER
14. Maiden Name ~~Mary~~ Unknown
15. Birthplace ?

16 (a) Informant Records U. S. Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (month) (day) (year)
(c) Cemetery or crematory U S National
Location Frederick Road

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 JAN 6 - 1941 (Date rec'd by registrar) (b) Hunter & Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1941, at 4:45p M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1940, to Jan. 3, 1941, and that I last saw him alive on Jan. 3, 1941.

Immediate cause of death	Duration
Abscess of right lung	6 weeks
Due to Perineal abscess, left	"
Due to Pelvic abscesses	"
Focal cystic degeneration of brain	Unknown
Other Conditions	Unk

(Include pregnancy within 3 months of death)

Major findings:
Of operations suprapubic cystotomy
prostatectomy, perineal
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature J. Clinton
Address U. S. Marine Hospital, Baltimore, Md. Date signed 1/4/41

F 76094 F 76094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1756 Park Ave St. 14-1 Ward) Registered No. 93-D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Peache

(a) Residence: No. 1756 Park Ave St., Ward 14-1 SS# 213-07-2554

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Peache

6. DATE OF BIRTH (month, day, year) December 5, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 66	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. engineer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1 year

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) London (State or country) England

FATHER

13. NAME Henry Peache

14. BIRTHPLACE (city or town) England (State or country)

MOTHER

15. MAIDEN NAME Adella, Unknown

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Kathleen Peache

(Address) 1756 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date Jan 6 1941

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

JAN 6 - 1941 (Signature) for Williams M.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 4 1939 to January 5 1941

I last saw him alive on January 4, 1941 Death is said to have occurred on the date stated above, at 2:30 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/4/41
Other contributory causes of importance: Myocarditis, Arteriosclerosis	1939

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Diag. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eustace Sargent M. D.

(Address) 2234 Eutaw Pl.

F 76095

F 76095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1111 h Caroline st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1111 h Caroline st (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarenia Huggins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Ed Huggins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 9, 1877

8. AGE: Years 63 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace: Lawrence Co S.C. (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER 12. Name unknown

13. Birthplace —

MOTHER 14. Maiden Name unknown

15. Birthplace —

16 (a) Informant: Ivan Huggins

(b) Address 1111 h Caroline st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (month) (day) (year)

(c) Cemetery or crematory

Location Mt Auburn

18 (a) Funeral director George A. Colson

(b) Address 1303 Brentwood St

19 (a) — (b) —

(Date received by Registrar) Registered No. —

JAN 6 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to Jan 4 1941. and that I last saw h[er] alive on Jan 4 1941.

Immediate cause of death: Myocarditis — Duration: 1 yr

Due to

Due to

Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Watts M. D.

Address 575 h Arlington Ave Date signed 1/3/41

F 76096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 76096

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 W. Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write CENTRAL and give town)
(d) Street No. 1512 W. Royal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Mc Hugh
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-7621

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Dorothy Marks
6 (c) If alive, give age 27 years
7. Birth date of deceased (mo., day, yr.) July 3 1906

8. AGE: Years	Months	Days	If less than one day: hr	min
34	6	—		

9. Birthplace Balto - Md. (Town, county, and state)
10. Usual Occupation Taxi cab. Chauffer
11. Industry or business Yellow Cab. Co.
FATHER 12. Name Edward T. McHugh Sr.
13. Birthplace Balto. Md.
MOTHER 14. Maiden Name Mary Stugart
15. Birthplace Balto. Md.
16 (a) Informant Dorothy Marks
(b) Address 941 S. Conkling St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Frederick ave.
18 (a) Funeral director Stephen J. Fralkowski Inc.
(b) Address 1000 S. Kenwood Ave
(a) JAN 6 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941, at 12:30 A. M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M.D. Medical Examiner
Date signed 1-7-41

VS 6

F 76097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76097 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Woodholme Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Julia A. Hamburger

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Jonas Hamburger
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) April 19, 1877

8. AGE: Years	Months	Days	If less than one day
63	8	16	hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fred Guggenheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Carrie Hamburger
15. Birthplace Balto. Md.

16 (a) Informant Mr. Jonas Hamburger,
(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1902 Eutaw Place

JAN 6 - 1941 (Date rec'd by registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5th 1941, at 2:54 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1.4. 1941, to 1.5. 1941, and that I last saw her alive on 1.5. 1941.

Immediate cause of death: Cardiac failure — Duration: 1 day

Due to: Coronary occlusion

Due to: ...

Other Conditions: None known

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A. Strodtz M.D. M. D.
Address Milos Md Dated 1/5/41

F 76098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76098

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument E. & Rutland Ave

(c) Hospital or institution: Mai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours

(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 914 Whitelock St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Isaac Bachenheimer Isaac M. Bachenheimer

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Bettie Bachenheimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1871

8. AGE: Years	Months	Days	If less than one day
69	9	2	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Shoe Manufacturer

11. Industry or business

FATHER 12. Name Eis Bachenheimer

13. Birthplace Germany

MOTHER 14. Maiden Name — Speak

15. Birthplace Germany

16 (a) Informant Mrs. L. Katzenstein

(b) Address 914 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director David Bachenheimer & Son

(b) Address 1902 Eutaw Place

JAN 6 1941 (Date received by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1941, to 1-4 1941, and that I last saw him alive on 1-4 1941.

Immediate cause of death	Duration
Cerebellar hemorrhage	12 hours
Due to arteriosclerot. C-V Dis.	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hunter Robert McQuaid, M.D.

Address Mercy Hospital Date signed 1/5/41

Hunter Robert McQuaid, M.D.

F 76099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1166

Registered No. F 76099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Orford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip Beal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife: Addie Beal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1898

8. AGE: Years	Months	Days	If less than one day
62	6	21	hr. min.

9. Birthplace Del. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Jobber

FATHER 12. Name Moses Beal
13. Birthplace Va

MOTHER 14. Maiden Name Lillian Lewis
15. Birthplace Va

16 (a) Informant Mrs Addie Beal
(b) Address 523 Orford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-41 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs Frances A. Blenckstone
(b) Address 526 N. Bridge St.

19 (a) JAN 6 1941 (Date reg'd by registrar) (b) Hunter Jos. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest wall, rt.	
Due to Mural Thrombi	
Due to Suppurative appendicitis	
Coronary embolus, left	
Due to Circumflex artery	

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/2/41
(c) Where did injury occur? 523 Orford St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet wound - .32 cal. rifle

23. Signature W. M. Vanderhoof M.D. Medical Examiner.
Date signed 1/7/41

VS 6

F 76100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 76100

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. "No home"
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mabel Mason

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-1-1894

8. AGE: Years	Months	Days	If less than one day
46	1	1	hr. min

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Mitas
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ada Nichols
15. Birthplace Baltimore, Maryland

16 (a) Informant Marie Mason
(b) Address 1819 Division Street

17 (a) Burial (b) Date thereof Jan 6. 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Frances A. Newstead
(b) Address 878 N. Bradford St.

19 (a) JAN 6 - 1941 (b) Huntington, W. Va.
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-1941, at 4:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection, & saw thereon and from the evidence obtained by said inspection, & saw find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner
Date signed 1-3-41

F 76101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 76101
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dy
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 O Donnell
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Helm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July-1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	6			

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name George Helm
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte
15. Birthplace Germany

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ellis
(b) Address 2008 Arlington

19 (a) JAN 6 1941 (Signature of registrar) Hunter for Williams M.R.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1941, at 4:12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4- 1941 to 1-5 1941, and that I last saw him alive on 1-5- 1941.

Immediate cause of death	Duration
B Broncho pneumonia	
Due to B Bronchiectasis	
Due to	
Other Conditions ? TBC pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. F. Klumpfelter Jr.
Address L. H. Hosp. Date signed 1/5/41 D.

F 76102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76102 Registered No. 94-W

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3168 Remmington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Wumzeet Munzert?

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-8369

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Pearle Munzert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 22, 1885

8. AGE: Years 55 | Months 5 | Days 12 | If less than one day: hr min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Freight Conductor

11. Industry or business Penna R.R.

FATHER
12. Name John Munzert
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Golden
15. Birthplace Maryland

16 (a) Informant Pearl E. Munzert
(b) Address 3168 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 6 1941 (Date received by registrar) (b) Signature of Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 7.5-5 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration: —
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace S. Fishback M.D. Medical Examiner.
Date signed 1/5/41

F 76103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 59

F 76103
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John's Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Ridgewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Bartholomew. Birth # 21573

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3, 1941

8. AGE: Years	Months	Days	If less than one day
			19 hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Child.
11. Industry or business

FATHER
12. Name Francis Bartholomew.
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Reed.
15. Birthplace N.J.

16 (a) Informant Francis Bartholomew.
(b) Address 3308 Ridgewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.
JAN 6 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to Jan 4 1941, and that I last saw her alive on Jan 3 1941.

Immediate cause of death: Asphyxia — Strangulation

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None.

Duration
19 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A Bolam M. D.
Address Johns Hopkins Hosp. Date signed 1/4/41

F 76104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 76104

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 618 S. Broadway

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 618 S. Broadway
(If rural give location)

(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME TEOFIL (PHILIP) SKALINSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) February 20, 1877.

8. AGE: Years	Months	Days	If less than one day
63	10	14	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Proprietor

11. Industry or business Tavern

FATHER

12. Name Joseph Skalinski

13. Birthplace Poland

MOTHER

14. Maiden Name Maryanna Wysocka

15. Birthplace Poland

16 (a) Informant Mrs. Anna Skalinski

(b) Address 618 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski Sons

(b) Address 1808 Eastern Ave

19 JAN 6 - 1941 (Date rec'd by Registrar) Courtesy for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941 at 9:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1937 to Jan 4 1941 and that I last saw h[illegible] alive on Jan 3 1941.

Immediate cause of death

Due to Myocardial Nephritis 3 years

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Joseph Valentine M. D.

Address 618 Broadway Date signed Jan 6 41

F 76105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76105 Registered No. 170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Portland Av (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15 - 1874

8. AGE: Years 66 | Months 4 | Days 19 | If less than one day hr min

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Lindsay
15. Birthplace

16 (a) Informant Mrs Morrison
(b) Address 641 Portland Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7th 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sacred Heart
Location Gorsuch Hill Road
18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Platt Park Ave

JAN 6 - 1941 (Date rec'd by registrar)
for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-1941, at 10:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Lobular Pneumonia — Duration

Due to

Due to

Other Conditions Bronchial stenosis Asteriosclerosis; Multiple fractures
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident Contributed
(b) Date of occurrence Aug. 12 - 1940 2-1
(c) Where did injury occur? Broadway & Bank St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian - Struck by Automobile

23. Signature Edward J. Morrison M.D.
Medical Examiner
Date signed 1-5-41

VS 6

F 76106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43-P

F 76106
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5610 Greenhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5610 Greenhill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AUGUST F. SCHAMMEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-0390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mattie Schammel

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr) April 18th 1890

8. AGE: Years	Months	Days	If less than one day: hr	min
50	8	14		

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Engineer Frgt
11. Industry or business Otis Elevator Co

FATHER
12. Name August W Schammel
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Moll
15. Birthplace Md

16 (a) Informant Mrs Mattie Schammel
(b) Address 5610 Greenhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6th 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director Leo G. Brooks
(b) Address 1701-03 N Pratt Park Ave

19 JAN 6 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 6 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. J. Wollenweber Last Medical Examiner M.D.

Date signed 1-2-41

VS 6

F 76107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1932 F 76107

N: BE SURE TO WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5117 Greenwich Ave St., 28 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mrs. Emma Jane Stevens

If U. S. Veteran specify WAR _____

(a) Residence: No. 5117 Greenwich Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert J. Stevens, Jr.

6. DATE OF BIRTH (month, day, year) May 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	7	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME William F. Milbourne

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Sophia Dengel

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mrs Robert J. Stevens
(Address) 5117 Greenwich Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 7th 1941

19. UNDERTAKER G. H. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED _____ 19__ _____
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Jan. 5, 1941

I last saw her alive on Jan. 5, 1941. Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	2

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Eugene L. Pearson M. D.

(Address) 5114 Queensberry Lane

F 76108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a F 76108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 W. Cross St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 204 W Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-5727

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67	1	1	hr. min.

9. Birthplace Maryland Talbot Co (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Gladys Taylor
(b) Address 204 W Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem 1941
Location Baltimore

18 (a) Funeral director Walter B. Lang
(b) Address 1200 W Lanvale St

19 (a) 1/6/1941 (Date received by registrar) Waiting for Williams, Dept

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1941, at 1:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29/40 1940, to 1/4 1941, and that I last saw h— alive on 1/4 1941.

Immediate cause of death	Duration after onset
Acute Cardiac Dilatation	
Due to Acute Pneumonia	1
Due to ?	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. H. Arnold M. D.
Address 651 W. Baltimore Date signed 1/6/41
Howard L. Holtzis, Chief Medical Examiner per D.M.K.

F 76109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76109 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 E Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JEROME MILLER Death # F 07377

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1940

8. AGE: Years	Months	Days	If less than one day
	9	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Herbert Miller
13. Birthplace Baltimore

MOTHER 14. Maiden Name Ethel Denkelt (Freda Chester)
15. Birthplace Baltimore

16 (a) Informant Herbert Miller
(b) Address 1816 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Kayser Sandipp
(b) Address 1412 E. Preston St.

19 (a) (State registrar) (b)

JAN 8 1941

VS 6

Courtesy of Maryland State Archives

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941, at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Anemia, simple	
Due to - nutritional	
Due to	
Other Conditions Cardiac hypertrophy and dilatation (Include pregnancy within 3 months of death)	

Major findings:
? Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 1-3-41

F 76440 — 39706--FU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76150 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 152 East St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Amelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, ?

8. AGE: Years	Months	Days	If less than one day
? 67	5	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation laborer - OAP
11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) (Date received by registrar) (b) Registrar
JAN 6 1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-1940, to 1-2-1941, and that I last saw h alive on 1-2-1941.

Immediate cause of death Cerebral Hemorrhage — Duration ? days
Due to Hypertension CVD — ?
Due to A-S. — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jonas Goldstein M.D.
Address Balto City Hosp Date signed 1-4-41

76111 E 76111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2715 Hudson St. 14 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Veteran specify WAR _____

2. FULL NAME Annie Hasenei

(a) Residence: No. 2715 Hudson St St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hasenei

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Anna E. Russell
(Address) 2715 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1/8 41

19. UNDERTAKER John J. Duda
(Address) 2824 Hudson St

20. FILED JAN 6 - 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939 to Jan. 5, 1941.

I last saw her alive on Jan 4 1941. Death is said to have occurred on the date stated above, at 1st A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Thrombosis	3 days
Other contributory causes of importance: Arteriosclerotic Cardiovascular Renal Disease	2 yrs.

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Samuel D. Wolfe M. D.

(Address) 1314 E. Monument

F 76112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 76112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Talbot Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Talbot Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma F Schuessler

3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-09-2372

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 1872

8. AGE: Years	Months	Days	If less than one day
68	10	24	hr. min.

9. Birthplace New York N.Y. (Town, county, and state)
10. Usual Occupation Housekeeper (own home)
11. Industry or business None

FATHER
12. Name John Schuessler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Meyer
15. Birthplace Germany

16 (a) Informant Mrs Schuessler
(b) Address 3206 Talbot Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 41 (month) (day) (year)
(c) Cemetery or crematory. Mt Olivet
Location Frederick Md

18 (a) Funeral director Wm H Miller Sr
(b) Address 1-7 Huntington Pikesville, Md.

19 JAN 6 - 1941 (b) Huntington Pikesville, Md. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1941, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1937 to Jan 5 1941, and that I last saw h alive on Jan 5 1941.

Immediate cause of death Hypertension Cardio-Vascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1726 Hartford Ave Date signed Jan 7 41

VS 3

F 76113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-B F 76113 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2707 E. Lebanon
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 E. Lebanon
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex F 5. Color or race W 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1875

8. AGE: Years 5 | Months 4 | Days 5 | If less than one day: hr min

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Watchman
11. Industry or business

MOTHER FATHER
12. Name Isaac Hall
13. Birthplace N.C.
14. Maiden Name Elizabeth L.
15. Birthplace N.C.

16 (a) Informant Chas. R. Hall
(b) Address 3016 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross (Brooklyn)
Location Baltimore, Md

18 (a) Funeral director Wm Cook
(b) Address 124 W. Lexington St. Baltimore, Md.

JAN 6 - 1941
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941 at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary stenosis, decompensated
Duration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D
Medical Examiner

Date signed 1-7-41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-A F 76114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7[illegible] Manchester Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4[illegible] Chesterwood
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward [illegible]

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-[illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	1	5		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER — 12. Name	[illegible]
FATHER — 13. Birthplace	[illegible]
MOTHER — 14. Maiden Name	[illegible]
MOTHER — 15. Birthplace	[illegible]

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) [illegible] (b) Date thereof 1-7-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

JAN 6 - 1941 Huntington Hollins M.D.
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-41 19[illegible], at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1940, to Jan 3, 1941, and that I last saw him alive on Jan 3 1941.

	Duration
Immediate cause of death: Chronic Myocarditis	1 yr.
Due to: Arteriosclerotic Cardiovascular Renal Disease	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 331[illegible] North Ave Date signed 1-[illegible]-41

VS 3

F 26113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a F 26115 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 Ailsa Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Ailsa Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 86

8. AGE: Years	Months	Days	If less than one day
72	-	2	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business at home

FATHER
12. Name Jacob Wyanne
13. Birthplace Germ

MOTHER
14. Maiden Name Margaret Watkins
15. Birthplace Ireland

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 1-7-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Conrad Feick
(b) Address 2300 Maryland Ave

19 JAN 6 - 1941 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-1941, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22, 1940 to Jan 4, 1941, and that I last saw her alive on Jan 3, 1941.

Immediate cause of death Chronic Myocarditis — Duration 2 yrs.

Due to Arteriosclerotic Cardiovascular Renal Disease — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Brooks M. D.
Address 1331 E. South Ave Date signed 1-6-41

VS 3

F 76116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a F 76116 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 Valley View Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley M. Blugis
3 (b) If veteran, name war
(c) Social Security Account No. 212-01-8294

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1911

AGE: Years	Months	Days	If less than one day: hr.	min.
29	1	14		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Model Maker
11. Industry or business

FATHER
12. Name Michael Blugis.
13. Birthplace ?

MOTHER
14. Maiden Name Martha Spokauskas
15. Birthplace Lithuania

16 (a) Informant Martha Blugis
(b) Address 4209 Valley View Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director John A. Grebliauskas
(b) Address 1423 S. Paca St.

JAN 6 – 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1941, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/41 19.. to 1/3 1941, and that I last saw him alive on 1/3 1941.

Immediate cause of death: Ruptured Gastric Ulcer, Subdiaphragmatic Abscess
Due to which ruptured into Right Lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy None

Duration
3 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Frederick Johnston Jr. M. D.
Address Md General Hospt Date signed 1/3/41

F 76117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 E. FAIRMOUNT (If rural give location)
(e) If foreign born, how long in U. S. A.? 21 years

3 (a) FULL NAME THELMA SMITH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife DAVID

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business

FATHER
12. Name EDEL SHEROSHEFSKY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)
(c) Cemetery or crematory WASH. BLVD
Location LANDSDOWNE MD

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) JAN 6 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1941, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 19 40 to Jan 5 19 41, and that I last saw her alive on Jan 5 19 41.

Immediate cause of death: Cardiac failure — Duration: own

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse N. Borden M. D.

Address Sinai Hospital Date signed 1/5/41

F 76118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 76118

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: Dr. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 N. Castle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard L. Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva D.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 14, 1884

8. AGE: Years	Months	Days	If less than one day
56	7	18	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Policeman

11. Industry or business

FATHER
12. Name Thomas E.
13. Birthplace unknown

MOTHER
14. Maiden Name Elmira Gibbs
15. Birthplace unknown

16 (a) Informant Wife, Eva D. Collins
(b) Address 1812 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6/41 (month) (day) (year)
(c) Cemetery or crematory Bal. Lot Elm.
Location North Ave. & Gay St.

18 (a) Funeral director John A. Mueller
(b) Address 2034 Jefferson St.

JAN 6 - 1941 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 2 - 1941, at 1.50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fractured Skull — **Duration**

Due to Laceration of Brain

Due to Scalp Haematoma - left temporo Parietal (region)

Other Conditions Generalized Atherosclerosis; Chronic Pyelonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes, as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1 - 2 - 41 8-2
(c) Where did injury occur? In home - 2135 E. North Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Body fell on pavement, at curbing

23. Signature Howard L. Collins Medical Examiner M.D.

Date signed 1 - 2 - 41

F 76119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-2

F 76119 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2314 Sidney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 Sidney St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME John Darcy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret Darcy
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 25 1860

8. AGE: Years	Months	Days	If less than one day
80	6	11/0	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Louise Maurer
(b) Address 2314 Sidney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8" 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Bernard G. Fiske
(b) Address 131 E. Hoffman St

19 JAN 6 1941 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5th 1941, at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1940 to Jan 5 1941, and that I last saw him alive on Jan 4 1941.

Immediate cause of death	Duration
cerebral hemorrhage	5 days
Due to	
Due to	
Other Conditions generalized arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Raeman
Address 206 S Gilmor St Date signed 1-6-41 (M. D.)

76120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76120

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME John Czyzewski (62310)

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. 214-03-5643

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Czyzewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) March 10, 1892

8. AGE: Years	Months	Days	If less than one day
48	9	19	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Czyzewski
13. Birthplace Poland

MOTHER
14. Maiden Name Annie Kalczyka
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address 404 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1941, at 10:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1941 to Jan. 3, 1941, and that I last saw him alive on Jan. 3, 1941.

Immediate cause of death: Hypostatic pneumonia Cardio-vascular disease — Duration: 1 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund G. Beacham M. D.
Address Balto. City Hospitals Date signed 1-4-41

1-6-41

GPO

F 76121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190a F 76121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da
(e) Length of stay in Baltimore (yrs., mos., or days) 28 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 N. Charles
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eddie Cooks White F 20552

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-40

8. AGE: Years | Months | Days 2827 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Major Cooks

13. Birthplace Lunter, S. C.

MOTHER 14. Maiden Name Ethan Felder

15. Birthplace Lunter, S. C.

16 (a) Informant Ethan Cooks, mother

(b) Address 1111 N. Chas. St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 6 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 6 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

61.56

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2/41 19 at 9:40 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5-1940, to 1-2 1941, and that I last saw h[illegible] alive on 1-2 41 19

Immediate cause of death
Acute gastro enteritis

Due to

Due to

Other Conditions Prematurity
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Abbott

Address University Hospital Date signed 1/2/41 M. D.

F 76122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 76122 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 E Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby "A" Jacobs (born 12/3/40 10:00 P.M. Weight 900 gms)

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/3/40

8. AGE: Years	Months	Days	If less than one day
			6 hrs 5 min

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Joseph Jacobs
13. Birthplace PA.

MOTHER
14. Maiden Name Edna Kirby
15. Birthplace MD

16 (a) Informant Mrs Joseph Jacobs
(b) Address 2118 E. Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JAN 6 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 6 - 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

6158

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1940, at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940, to 12-4 1940, and that I last saw him alive on 12-4 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address The Johns Hopkins Hospital Date signed 12/31/40

F 76123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 76123 Registered No.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 E. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6, 39

3 (a) FULL NAME BABY "B" JACOBS (born 12/3/40 10:10 p.m. WEIGHT 910 gms)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/3/40

8. AGE: Years | Months | Days | If less than one day: 2 hr. 50 min.

9. Birthplace: BALTIMORE MD (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name: JOSEPH JACOBS
13. Birthplace: PA.

MOTHER
14. Maiden Name: EDNA KIRBY
15. Birthplace: MD

16 (a) Informant: MRS JOSEPH JACOBS
(b) Address: 2118 E. FAYETTE ST

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL JAN 6 1941

18 (a) Funeral director: Commissioner of Health
(b) Address: Per M. A. Moore

19 (a) JAN 6 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1940, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940 to 12-4 1940 and that I last saw him alive on 12-4 1940.

Immediate cause of death

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams

Address The Johns Hopkins Hosp. Date signed 12/31/40 M.D.

VS 3

6157

F 76124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 76124

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address United States Veteran
(c) Hospital or institution:
Bureau - Fort McHenry
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Old York Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mary Hagan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1865

8. AGE: Years	Months	Days	If less than one day
75	7	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Martin O'Malley
13. Birthplace Mass.

MOTHER 14. Maiden Name Fannie Owens
15. Birthplace Balto

16 (a) Informant Mr Dorsey Scholtz
(b) Address 3400 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6-41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Balto Md

18 (a) Funeral director Albert W Ramsay
(b) Address 440 E North Ave

19 (a) JAN 6 - 1941 (Date rec'd by registrar) (b) Registrar Thaddeus Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941 at 11 45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Wade Swift M.D.
Medical Examiner.
Date signed 1/7/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76125 F. 76125

CERTIFICATE OF DEATH

131-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 - N. Gilmor St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Walker

(a) Residence: No. 536 - N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	married

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of George Walker

6. DATE OF BIRTH (month, day, year) 12-26-84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hattie Pucs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Celie Vandenford

(Address) 536 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond, Va Date Jan 6, 1941

19. UNDERTAKER Mrs Katie R. Williams

(Address) 332 S. Schroeder St

Huntington Williams, Mgr.

20. FILED 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-, 1941

22. I HEREBY CERTIFY, That I attended deceased from 5-1-, 1940, to 1-4-, 1941

I last saw her alive on 1-4-, 1941 Death is said to have occurred on the date stated above, at 7A, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphat Monocytic Leukemia	1/4/41
Cardio vascular Renal Disease, Chronic	5/1/40
Chronic.	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Jackson M. D.

(Address) 600 N. Arlington Ave

F 76126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-a

F 76126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 W. Saratoga (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Morrow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married Separated

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 40 ? | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Clarence W Lottington
13. Birthplace ? Crisfield, Md

MOTHER
14. Maiden Name ? Leah Lane
15. Birthplace Md

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 1/6/41

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1941 at 4 32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1940 to 1-3 1941, and that I last saw her alive on 1-3 1941.

Immediate cause of death Ca of cervix & metastasis — Duration 1 yr 2 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Tebbett Jr.
Address Baltimore City Hosp. Date signed 1/7/41

76127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-B F 76127

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Pressbury Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Whitfield Plummer

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217-01-0405

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Lillian Weston
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	24	..... hr. ..... min.

9. Birthplace Chelitt County, Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel Corporation

FATHER
12. Name Whitfield Plummer
13. Birthplace Unknown Va

MOTHER
14. Maiden Name Mollie Reid
15. Birthplace Unknown Va

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Union - Charlotte Court House Va
Location Keysville Va

18 (a) Funeral director Leland W. Grant Sr.
(b) Address 628 E. Fairmount Ave.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D.

VSA

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1941, at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1940 to Jan. 5, 1941 and that I last saw him alive on Jan. 5, 1941

Immediate cause of death Paresis — Duration Unknown

Due to

Due to

Other Conditions Bronchopneumonia — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Plummer M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/6/41

F 76128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

Registered No. F 76128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2834 Rossland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 Rossland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ethel Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Harry F. Frank

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-1895

8. AGE: Years	Months	Days	If less than one day
45	2	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name J. Stanbury Bowen
13. Birthplace Md

MOTHER
14. Maiden Name Ida Turner
15. Birthplace R. I.

16 (a) Informant Harry F. Frank
(b) Address 2834 Rossland Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-8-41 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cemetery
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 7 - 1941 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1940, to Jan 6 1941, and that I last saw h ex alive on Jan 4 1941.

Immediate cause of death	Duration
Sarcoma of Uterus -	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Sarcoma of Uterus -
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brooke Boyle M. D.

Address 5309 Harford Rd Date signed 1/6/41

6129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76129 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important. correct age is

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Dolphin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-5358?

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 49 | Months | Days | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER 12. Name Harry Smith

13. Birthplace N. Car.

MOTHER 14. Maiden Name Henrietta Freeman

15. Birthplace N. Car

16 (a) Informant Frances White

(b) Address 1302 Division St.

17 (a) N.S. (Burial, cremation, or removal) (b) Date thereof Jan 8 1941 (month) (day) (year)

(c) Cemetery or crematory U. S. National

Location

18 (a) Funeral director Adolph Hyatt Holstein

(b) Address 968 Druid Hill Ave.

19 Date rec'd by registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4, 1941, at 5 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941 to Jan 4, 1941, and that I last saw h.i.m. alive on Jan 4 1941.

Immediate cause of death: Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William R. Tompkins M. D.
Address Md General Hosp. Date signed 1/4/41

76130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Gloucester Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James H Gordon
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Dreading
15. Birthplace Va.

16 (a) Informant William Gordon
(b) Address 535 Dolphin St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 618 N Howard

19 (a) (Date rec'd by registrar) (b) Huntington Printing Co., Inc.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-41 19 , at 5 30/p M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1941, to 1-2 1941, and that I last saw her alive on 1-2 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Musselman M. D.
Address Provident Hosp. Date signed 1-3-41

F 76131 61754 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 76131 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Remley Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25-6

3 (a) FULL NAME Louis White

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7655

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1885

8. AGE: Years	Months	Days	If less than one day
55	6	13	hr. min.

9. Birthplace Georgia
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gen. Refactory Co.

FATHER
12. Name David
13. Birthplace Georgia

MOTHER
14. Maiden Name Rebecca Tahon
15. Birthplace Georgia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A a Co Md

18 (a) Funeral director Potts & Kirkpatrick
(b) Address 1515 McElderry St

19 (a) (b)
(Signature of Registrar)

JAN 6 1941
Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1941 at 11 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11 1940 to 1-5 1941 and that I last saw him alive on 1/5 1941.

Immediate cause of death	Duration
Pneumothorax abscess	5 wks.
Due to Cerebral thrombosis due to arteriosclerosis	?
Due to Hemiplegia	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ludwig P. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 1/5/41

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Form 0-10-40—1000 Blks.

F 76132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-CF 76132

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 208 N Montford ave St. 3 WARD)

2-FULL NAME Rosa Simpson

(a) RESIDENCE. No. 208 N. Montford ave St., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: Blk.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Simpson

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 61 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Nelson Co Va

PARENTS

10 NAME OF FATHER: Frank Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nelson Co. Va.

12 MAIDEN NAME OF MOTHER: Sallie Dupter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lovingston Court House Va

14 Informant: Wm. Anderson

(Address) 208 N Montford ave

15 JAN 6 - 1941 Huntingdon Pulaski, Va.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4th 1941

17 I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1940, to Jan 3rd, 1941, that I last saw h[illegible] alive on [illegible], 1941, and that death occurred, on the date stated above, at 12 [illegible] m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Jacob L Leitman, M. D.

, 19 (Address) 328 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashing Evergreen Cem

DATE OF BURIAL: 1/7/41

20 UNDERTAKER: Robert E Wildin

ADDRESS: 1515 McCulloh St

F 76133

cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 76133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 S. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Smith (57943)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Kansas (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Kansas

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Kansas

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto County

18 (a) Funeral director L. Preston Limberg
(b) Address 519 Mosher St.

19 (a) (Date) (b) Huntington Williams M.D. (Registrar)

VS Form 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940, to 1-3 1941. and that I last saw him alive on 1-3 1941.

Immediate cause of death Myocardial failure
Due to Hypertensive C. V. Disease

Duration 6 mos 3 years

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nancy L. Ryder M. D.
Address Balt. City Hosps. Date signed 1-4-41

76134 SD 56299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore city Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Orkney Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME James Byrne

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife: Mary Esther Byrne
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.) May 4, 1874

8. AGE: Years 66 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: Edward Stephen

FATHER
12. Name: John Byrne
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Meegan
15. Birthplace: Ireland

16 (a) Informant: Records
(b) Address: Balto. City Hospt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory: St. Marys
Location: Govans

18 (a) Funeral director: Chas. P. Graul Sons Inc
(b) Address: 118 W. Mt. Royal Ave.

19 (a) Date received by local registrar: JAN 6 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1941, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1940, to 1/4 1941, and that I last saw h[illegible] alive on 1/4 1941.

Immediate cause of death: Myocardial insufficiency — Duration: 8 Days
Due to: Hypertensive C. V. Disease
Due to:
Other Conditions: Gen. Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: [redacted]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry L. Rayden M. D.
Address: Balt. City Hosp. Date signed 1/4/41

1399467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. E 76135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest B. Langgood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-59

8. AGE: Years	Months	Days	If less than one day
81	1	2.	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Langgood
13. Birthplace Germany

MOTHER
14. Maiden Name Dorthea Brown
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Maryland

18 (a) Funeral director H. B. Hyppert - Sons
(b) Address 1100 Eutaw Place

19. (a) 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 9 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1941. to Jan 4 1941. and that I last saw him alive on Jan 4 1941.

Immediate cause of death	Duration
? coronary embolus	2 min.
Due to Dyspnea, cardiac failure	
Due to Gen. art. sclerosis	2a.
Due to Hydrops of gall bl.	
Due to Old age	?
Due to Gall stones	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations hydrops of gall bladder
Of autopsy Gall stones

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Russell B. Ash M.D.
Address Date signed

F 76136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 76136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington, D.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 80 L. St. N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dobon Higginbotham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9 1897

8. AGE: Years	Months	Days	If less than one day
54	April	9 27	hr. min.

9. Birthplace Va. Amherst (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Jam Higginbotham
13. Birthplace Va.

MOTHER
14. Maiden Name
15. Birthplace Va.

16 (a) Informant Arthur Martin-son
(b) Address 483 W. Franklin St.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 1 6/41 (month) (day) (year)
(c) Cemetery or crematory Washington, D.C.
Location

18 (a) Funeral director Eugene Waters
(b) Address 1000 Bentley Ave.

JAN 6 – 1941 (Date rec'd by Registrar) (b) Thurlow G. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 6 1941, at 7:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 1 1941, to 1 - 6 1941, and that I last saw h alive on 1 - 6 1941.

Immediate cause of death	Duration
Post-influenza Encephalitis	6 days
Due to Influenza	8 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. P. Mercando, M.D.
Address Provident Hospital Date signed 1-6-41

VS 3

76137

BALTIMORE CITY HEALTH DEPARTMENT 94-a F 76137 Registered No.

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

154

3 (a) FULL NAME Joseph Maxwell Motter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lydia R. Motter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28 - 1874

8. AGE: Years	Months	Days	If less than one day
66.	4.	7.	hr. min.

9. Birthplace Manchester Ind.
(Town, county, and state)

10. Usual Occupation Retired Millinery Saleswoman

11. Industry or business

FATHER
12. Name Henry Motter
13. Birthplace Manchester Ind.

MOTHER
14. Maiden Name Julia Weaver
15. Birthplace Reisterstown Md

16 (a) Informant Mrs. Lydia R. Motter
(b) Address 1625 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 - 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Md

18 (a) Funeral director Mamie Cook Lyfer
(b) Address 1625 W. North Ave

19 (a) JAN 6 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4. 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940. to Jan 4 1941. and that I last saw h~~im~~ alive on Jan 3 1941.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon D Lyfer M. D.
Address 43 E. Patterson Pk Date signed 1/5/41

76138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-M

VF 76138

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 79 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1747 HOMESTEAD ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CARRIE THERESA KRESPACH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	WIDOWED MARRIED

6 (b) Name of husband or wife CHARLES W. SR.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 23, 1867

8. AGE: Years	Months	Days	If less than one day
73	11	11 18	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name (UNKNOWN) ROESCHE
13. Birthplace "

MOTHER
14. Maiden Name FREDRICA (LAST NAME UNKNOWN)
15. Birthplace UNKNOWN

16 (a) Informant CHARLES W. KRESPACH, JR.
(b) Address 1747 HOMESTEAD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/7/1941 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location BALTIMORE, MD.

18 (a) Funeral director Walter Rourke Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) Date received by Registrar JAN 6 1941 (b) Registrar Huntington H. Wilson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 4 1941, at 6:18 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1940, to Jan 4 1941, and that I last saw h[illegible] alive on Jan 4 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 2324 Reisterstown Rd Date signed 1/6/41

76139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171-E Registered No. E 76139

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct as is especially important. Physicians: please write the causes of death clearly and legibly.

ARROWS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 E. Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loveless Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-6752

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1878

8. AGE: Years	Months	Days	If less than one day
62	5	24 23	hr. min.

9. Birthplace Fayetteville N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Clarence Murphy
13. Birthplace Fayetteville, N. C.

MOTHER
14. Maiden Name Alice Carroll
15. Birthplace Fayetteville N-C

16 (a) Informant Olivia McKethan adaughter
(b) Address 1612 Clinton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Dgt.
(b) Address 1129 N. Caroline Street

19 (a) (b)
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1941, at 2:10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bronchio-pneumonia — Duration

Due to Lipsufaction Pneumonia

Due to Fx Neck of Leg.

Other Conditions Contused Comminuted Fracture of Neck of Leg Bones
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes - as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 26 - 1940 8-2 (Rd
(c) Where did injury occur? Glenelg Howard Co. Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Tenable M.D.
Medical Examiner.

Date signed 1-6-41

391908

F 76140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76140 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 433 Aviles Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-89

8. AGE: Years	Months	Days	If less than one day
51		3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Peter Edler

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Mary Glatt

MOTHER 15. Birthplace Md.

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Edmondson Ave.

18 (a) Funeral director John B. Connelly

(b) Address Essex, Md.

19 (a) (b)

JAN 6 1941 Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1941 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1940 to Jan 2 1941, and that I last saw h alive on Jan 2 1940.

Immediate cause of death Diabetic Coma, + Dysentery — Duration 6 days

Due to 3. Dysentery organism

Due to

Other Conditions Slight pulmonary edema.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Ulcers + inflammation of colon

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Klein

Address Johns Hopkins Hosp. Date signed 1/2/41

F 76141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

Registered No. F 76141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Winans Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Richard Spath

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/40

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Spath
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Orndorff
15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JAN 6 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 6 1941 (b) Huntington Williams, M.D. Registrar

6160

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940 at 1 50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to Dec 21 1940. and that I last saw him alive on Dec 21 1940.

Immediate cause of death Respiratory asphixia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. K. McClintock Jr MD

Address St Agnes Hosp Date signed 12/23/40 M. D.

F 76142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164-C

Registered No. F 76142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Penna. Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ananias Suttrell

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Estrel
6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) 2-2-1915

8. AGE: Years	Months	Days	If less than one day
25	11	2	hr. min.

9. Birthplace Manhattan-Kans. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Rev. E. W. Suttrell
13. Birthplace W. Tenn.

MOTHER
14. Maiden Name Dazie Cainham
15. Birthplace W. Tenn.

16 (a) Informant E. W. Suttrell
(b) Address 1574 Richland Dr.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 9, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 1941 (Dec'd by reg't) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-1941, at 9 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gun shot of chest involving Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-4-41
(c) Where did injury occur? 1119 Penna. Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
Means of injury Fire inflicted bullet wound

23. Signature Howard J. Mendenhall M.D. Medical Examiner.
Date signed 1-5-41

VS 6

76143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9f-a

Registered No. E 76143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Chelsea Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christopher Lauterbach

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise Lauterbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6 - 1859

8. AGE: Years	Months	Days	If less than one day
81	9	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Heating Engineer
11. Industry or business

FATHER
12. Name Jacob Lauterbach
13. Birthplace Bavaria

MOTHER
14. Maiden Name Margaret Schmitz
15. Birthplace Bavaria

16 (a) Informant Mrs Louise Lauterbach, wife
(b) Address 2108 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Eckert & Sons
(b) Address North & Patapsco

19 (a) JAN 6 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 4 - 1941, at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Masters M.D.
Medical Examiner.
Date signed 1 - 5 - 41

VS 6

76144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W F 76144 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da. 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Lynbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Minnie Ford (Minnie Catherine Ford)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 27, 1876

8. AGE: Years: 64 | Months: 2 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and State)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Louis Hildebrand
13. Birthplace: Germany

MOTHER
14. Maiden Name: Augusta Haasber
15. Birthplace: Germany

16 (a) Informant: Mr. Wm. H. Ford
(b) Address: 2203 Lynnbrook Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) JAN 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6/41 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/1941 to 1/6/1941, and that I last saw her alive on 1/6/41.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: Hypertension.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Leonard E. Blumenthal M.D.
Address: W. B. G. H. Date signed 1/6/41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

611 5723
Jan 2435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76145
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 Penna. ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 - Penna. ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Henry Schildwachter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18-1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	7	15		

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Retired Express driver

11. Industry or business

FATHER
12. Name Charles Schildwachter
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Wolker
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Oscar Schildwachter
(b) Address 1923 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Mamie C. Byfer
(b) Address 1600 W. North ave

19 (a) Filed by Huntington Williams, M.D.
(b) JAN 8 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1940, to Jan 6 1941, and that I last saw him alive on Jan 5 1941.

Immediate cause of death: Stomach Hemorrhage — Duration 2 yrs
Due to Pulmonary Embolism — 1 wk
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Gray M. D.
Address 627 N. Mt Ave Date signed 1/9/41

76146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 Stratford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State North Carolina
(c) City or town Fayetteville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Jefferson Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or wife~~: Nell Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15-1879

8. AGE: Years 61 | Months 5 | Days 21 | If less than one day: hr. min.

9. Birthplace Fayetteville N C
(Town, county, and state)

10. Usual Occupation Retired mail clerk

11. Industry or business

FATHER
12. Name Wm J. Gardner
13. Birthplace N C

MOTHER
14. Maiden Name Christy Powers
15. Birthplace N C

16 (a) Informant Nell D. Gardner
(b) Address Fayetteville N C

17 (a) Removal (b) Date thereof Jan 6 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Fayetteville NC
Location North Carolina

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul Street

19 (a) JAN 6 1941 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 1.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Jan 6 1941, and that I last saw ~~him alive~~ on Jan 6 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension Arterio-sclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. M. Woody

Address 1403 Park Date signed 1/6/41 M. D.

VS 3

76147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D

F 76147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 N. Monroe St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Shirley Mae EMMERICH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29-1937

8. AGE: Years	Months	Days	If less than one day
3	7	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Henry Emmerich
13. Birthplace Balto

MOTHER
14. Maiden Name Anna Mary ESLINGER
15. Birthplace BALTO

16 (a) Informant Henry Emmerich
(b) Address 2332 N. Monroe St

17 (a) (Burial, cremation, or removal) Loudon Pk (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Rural Grove

18 (a) Funeral director Geo Leimbach
(b) Address 515 N. Gilmor St

JAN 6 — 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1941, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3- 1941, to 1-4- 1941, and that I last saw h er alive on 1-4- 1941.

Immediate cause of death Mediastinitis — Duration 24 hrs

Due to Swallowed a coin (SWALLOWED A COIN) — 8 days

Due to —

Other Conditions Subcutaneous emphysema

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12/29/40 15-4
(c) Where did injury occur? 2332 N. Monroe St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury PLAYING WITH Father - SWALLOWED 51 Pieces

23. Signature Wm. C. Humphreys, M. D.
Address University Hosp Date signed 1-4-41

Dr Maldeis, notified

76148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 76148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Street
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo. 2 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Pr. Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Frank Hobbs

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia Lammers
6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1895

8. AGE: Years: 45 | Months: 0 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Howard County, Maryland (Town, county, and state)
10. Usual Occupation: Farmer-
11. Industry or business: Farming for self

FATHER
12. Name: William Hobbs
13. Birthplace: Howard County, Maryland

MOTHER
14. Maiden Name: Mary Huntford
15. Birthplace: Howard County, Maryland.

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 8 41 (month) (day) (year)
(c) Cemetery or crematory: St Marys
Location: Laurel Md

18 (a) Funeral director: A Loyd Ranier
(b) Address: Laurel Md.

19 (a) Filed JAN 6 1941 (b) Signature (Registrar) Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1941 at 7:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1940 to Jan. 5, 1941, and that I last saw him alive on Jan. 5, 1941

	Duration
Immediate cause of death: Uremia	1 week
Due to: Pyelonephritis and pyonephrosis	4 mo.
Due to: Carcinoma of bladder (treated by irradiation)	1yr. 7mo. own
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Exploratory lap; suprapubic cystotomy
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]
Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed 1/6/41 M.D.

76149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-B Registered No. F 76149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The more correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 mos. 28
(e) Length of stay in Baltimore (yrs., mos., or days) 23 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County —
(c) City or town Waltham, Mass (If outside city or town limits, write RURAL and give town)
(d) Street No. Notre Dame Training School (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME SISTER MARY ST NYICHOLAS - MARY HART

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug 9, 1903
8. AGE: Years 37 | Months 4 | Days 26 | If less than one day ... hr. ... min.
9. Birthplace Andover, Mass (Town, county, and state)
10. Usual Occupation Sister
11. Industry or business Religious

FATHER
12. Name Daniel Hart
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Carney
15. Birthplace Ireland

16 (a) Informant Records Mt. Hope Retreat
(b) Address 6420 Reisterstown Rd
17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof Jany-7-41 (month) (day) (year)
(c) Cemetery or crematory Trinity-Hebrew Mem. Co. Location Stevens Co. Md.
18 (a) Funeral director STEWART & POWER COMPANY
(b) Address (Not Undertaker) 1024 N. Howard AVENUE
19 JAN 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1941, at 11:45 A.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an engency (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to Suicide	
Due to mental psychosis	
Dementia Praecox, paranoid state	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence January 5, 1941
(c) Where did injury occur? Lake Tom grounds (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Drowning
23. Signature H. L. Wallenmeier Asst. Medical Examiner M.D.
Date signed 1-5-41

VS 6

76150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 76150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Author reserved for binding

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 935 Morris St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 935 Morris St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lucinda Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Wynder Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1867

8. AGE: Years	Months	Days	If less than one day
73	3	2	hr. min.

9. Birthplace Arundel Co. Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name ? Cooper

FATHER 13. Birthplace Arundel Co. Md

MOTHER 14. Maiden Name Jane Dobson

MOTHER 15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Andrew Brown

(b) Address 935 Morris St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md.

18 (a) Funeral director Charles H. Cooper

(b) Address 514 N. Calhoun St.

19 (a) Date rec'd by Registrar JAN 6 1941 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941. at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1940 to Jan 3 1941. and that I last saw h[illegible] alive on Jan 2 1941.

Immediate cause of death Cardio-Vascular Disease — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 554 Dolphin St Date signed 1-4-41

76151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

✓ F 76151 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S. Green Street (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oregon Jenkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-10-2628

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1892

8. AGE: Years	Months	Days	If less than one day
48	6	22	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name J. Jenkins
13. Birthplace Georgetown Delaware

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Annie Watkins (D.F.)
(b) Address 526 S. Green St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles Harper
(b) Address 504 N. Calhoun St.

19 (a) JAN 6 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1941, at 3:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage -	
Due to Bilateral Pneumothorax	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-4-41
(c) Where did injury occur? Green - Eighth Streets (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stab - incised wounds

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-5-41 Doctor's Office

VS 6

76152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P ✓ F 76152 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltr. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Booth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME William Lowery (William Augustus Lowery)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Lowery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1874

8. AGE: Years	Months	Days	If less than one day
66	7	21	hr. min.

9. Birthplace Mt. Savage, Maryland (Town, county, and state)
10. Usual Occupation Brick layer
11. Industry or business

FATHER
12. Name William Lowery
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Taylor
15. Birthplace Maryland

16 (a) Informant Mrs. Janet Reck
(b) Address 2200 Booth Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Cumberland, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 Date received JAN 6 1941 (Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1941 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1940, to 1/6 1941, and that I last saw h[illegible] alive on 1/6 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Cerebral hemorrhage	10 days
Due to Hypertensive heart dis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott M.D.
Address W. B. & G. H. Date signed 1/6/41

F 76153

BALTIMORE CITY HEALTH DEPARTMENT

cc

CERTIFICATE OF DEATH 46 G

Registered No. F 76153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Percy Hill (62271)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Hosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1886

8. AGE: Years	Months	Days	If less than one day
54	6	26	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Moses Hill (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Louvenia Brooks (d)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Cavery
Location Brooklyn a. a. co. Md

18 (a) Funeral director Bythrow Hamilton & Knight
(b) Address 1218 Aliceanna & Elderry St

19 (a) [illegible] (b) [illegible]
(Delivered by) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1940, to 1-2 1941, and that I last saw him alive on 1-2 1941.

Immediate cause of death Obstructive jaundice — Duration 6 mo.?
Due to Ca of head of pancreas
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Rigdon M. D.
Address Balto. City Hosp. Date signed 1-5-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76154
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4017 Hayward Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) na
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Hayward Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ida Bell Coble

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry B Coble
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Aug 14 – 1861

8. AGE: Years	Months	Days	If less than one day
79	4	2129	..... hr. ..... min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business Retired

FATHER
12. Name Geo W Gorsuch
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Mary Gorsuch
15. Birthplace Carroll Co Md

16 (a) Informant Harry B Coble
(b) Address 4017 Hayward Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 41 (month) (day) (year)
(c) Cemetery or crematory Sandy Mount Meth
Location Church Cemetery
18 (a) Funeral director Charles F Bowell
(b) Address 2427 W Lexington St Baltimore, Md

JAN 7 – 1941 (Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1941, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1940. to Jan. 4 1941 and that I last saw her alive on Jan. 4, 1941

Immediate cause of death

Diabetes — Duration 10 yrs.

Due to

Broncho Pneumonia — Duration 1 Day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F B Coblentz M. D.
Address 2757 Wilson Date signed 1/6/41

6155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-B F 76155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 E. 20th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JENNIE B. WHITEFORD

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Louis T. Whiteford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1865

8. AGE: Years 75 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Josiah Wood
13. Birthplace: Maryland

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Mr. Jesse Whiteford
(b) Address: 2413 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons,
(b) Address: North & Pa. Avenues

19 (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1941, at 6:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1940 to Jan 5 1941, and that I last saw h[illegible] alive on 1/5/41.

Immediate cause of death: Carcinoma Rt orbit loss eye Abov — Duration: 12 yrs

Due to: Brain Involvement

Due to:

Other Conditions:

(Include pregnancy within 6 months of death)

Major findings:
Of operations: Carcinoma
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. W. Wheaton M. D.

Address: 4309 York Rd Date signed 1/6/41

F 76156

76156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Mohawk Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Mohawk Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JESSIE VIRGINIA GETTIER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles A. Gettier
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1865

8. AGE: Years 75 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jesse R. Ogle
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Wilhelminia Jane Courts
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Charles A. Gettier
(b) Address 3719 Mohawk Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) ..... (b) .....
Date rec'd by registrar ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Jan 4 1941, and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Coronary Occlusion — Duration: 24 hours
Due to Arteriosclerosis — 5 years
Due to Hypertension — 6 years
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature A. C. Gramah M. D.
Address 4 S. D? Graduate Hosp. Date signed Jan 6/41

F 76157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No. F 76157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Allendale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Allendale Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA MAY SMITH

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. L. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1868

8. AGE: Years 72 | Months 8 | Days 7 6 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Basil Curvin Phillips
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine Zimmerman
15. Birthplace Maryland

16 (a) Informant Mrs. Donald H. Engler
(b) Address 2210 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

JAN 7 1941

19 (a) Filed by Wm. J. Tickner, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1941, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941 to Jan 5 1941, and that I last saw her alive on Jan 5 1941.

Immediate cause of death: Coronary occlusion — Duration: 2 days

Due to:

Due to:

Other Conditions: Arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Tickner M. D.
Address 2220 Harrison Date signed 1/6/41

VS 3

F 76158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-31-41

F 76158 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2835 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2835 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET BUCKINGHAM

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Theodore R. Buckingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 15, 1864

8. AGE: Years	Months	Days	If less than one day
76	4	20	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: John Renehan
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Lillian Childs
(b) Address: 2835 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

19 (a) 1941 (Date rec'd by registrar) (b) Huntington Withington, M.D. (Signature of registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Jan 6 1941, and that I last saw h[illegible] alive on Jan 5 1941.

Immediate cause of death: Coronary Occlusion — Duration

Due to: Hypertensive Complicated Vascular Renal Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Theo Buckingham
Address: 2043 W North Ave Date signed: 1/8/41

76159 Feibish Saffuesteir

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 E. Balto St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 6
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 E. Balto St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Feibish Saffuesteir

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife annie
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Samuel J. Saffuesteir
13. Birthplace Russia

MOTHER
14. Maiden Name Leather
15. Birthplace Russia

16 (a) Informant Sol Saffuesteir
(b) Address 5224 Park Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rosedale
Location Philadelphia Rd
18 (a) Funeral director Jack Lewis Inc
(b) Address 1432 E. Baltimore St.

19 (a) 1/8/41 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 1 A M 30

21. I certify that death occurred on the date above stated; that I attended deceased from January 6 1941 to Jan 7 1941, and that I last saw him alive on Jan 7 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton L. Solomon M. D.
Address 129 S. Broadway Date signed 1/7/41

VS 8

76160

HEALTH DEPARTMENT—CITY OF BALTIMORE

76160

CERTIFICATE OF DEATH

93-D

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH 349 Ellamont st.

CITY OF BALTIMORE: (No. ..... St., 20-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Tyler

If U.S. Veteran specify WAR .....

(a) Residence: No. 349 Ellamont St. St., ... Ward. Md U.S.A.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) Dec 1940

11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (city or town) (State or country) French Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella Grigg

(Address) 349 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL Western Star C. Date 1/7/ 1941

19. UNDERTAKER Mrs Kate R Williams

(Address) 322 Washington St

Funeral for Williams, M.D.

JAN 7 1941

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939 to Jan 4 1941

I last saw h... alive on June 2 1941 Death is said to have occurred on the date stated above, at 9:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	1 day
La Grippe	Jan. 1941
Other contributory causes of importance: Cardio Vascular Disease	3 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eliot W Johnson M. D.

(Address) 3435 Indiana Ave

F 76161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76161 Registered No. 170-e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Laurens St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-6000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Cora A. H. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74 75			hr. min.

9. Birthplace Va (town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Rayner Berry
(b) Address 505 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location Westport Baltimore Md

18 (a) Funeral director George T. A. Gibson Sr
(b) Address 1735 Druid Hill Ave

19 JAN 7 – 1941 (Date rec'd by registrar) Thurston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1941, at 1:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture left tibia & fibula — Duration
Confluent lobular pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/4/41
(c) Where did injury occur? Bryan Tobacco Maynard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by automobile

23. Signature Thurston Williams M.D. Medical Examiner.
Date signed 1/4/41

VS 6

6162 F 76162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5518 Sefton Ave. St. 27-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Preston Spartlin Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 5518 Sefton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Charlotte

6. DATE OF BIRTH (month, day, year): Feb 13-1858

7. AGE: Years: 92 | Months: 10 | Days: 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month, day, year): 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James W. Brooks

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Susan White

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Edgar B Brooks
(Address) 3809 Rockert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan. 9th 1941

19. UNDERTAKER: William Cobb
(Address) 1217 St Paul Street Balto

20. FILED ... 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6, 1941

22. I HEREBY CERTIFY, That I attended deceased from July, 1938 to Jan 6, 1941.

I last saw him alive on Jan 6, 1941. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/5/41
Other contributory causes of importance:	
Cardiac Failure	1/5/41
Arteriosclerosis	1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert J. Hunsfurd M. D.
(Address) 5444 Belair Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-N

F 76163

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 W. Lexington St.

(c) ~~Hospital or~~ institution:
Aged Women's & Aged Mens' Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 W. Lexington St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathaniel C. Meekins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 6th 1860

8. AGE: Years	Months	Days	If less than one day
80	3	29	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER
12. Name John A. Meekins
13. Birthplace Unknown

MOTHER
14. Maiden Name Martha D. Owens
15. Birthplace Unknown

16 (a) Informant Record

(b) Address Aged Women's & Aged Mens' Home

17 (a) Burial (b) Date thereof 1/7/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Olivet

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (b)
(Date rec'd by registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1941, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1924 to 1-5 1941, and that I last saw h[illegible] alive on 1-5 1941.

Immediate cause of death

Chronic cardio-vascular-renal disease with terminal uraemia.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Edward B. Jarrell, M. D.

Address 1115 St. Paul St., Balto Date signed 1/6/41.

FORM 2

F 76164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-F

Registered No. F 76164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Union Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Collett Cooke

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Donald J. Cooke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1893

8. AGE: Years 47 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual Occupation Kitchen Supervisor

11. Industry or business Hospital

FATHER 12. Name Nicholas A. Collett
13. Birthplace Maryland

MOTHER 14. Maiden Name Harriet Darley
15. Birthplace Maryland

16 (a) Informant patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette St

19 (a) (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1941. at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1940. to Jan 4 1941. and that I last saw h alive on Jan 2 1941.

Immediate cause of death

Due to Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of gall bladder, primary unknown, metastasis to liver & lungs
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Robt C. Crawford M.D.
Address Union Memorial Hospital Date signed 1/4/41

62395 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 76165 Registered No. 6165

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Albion Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C. McCaffrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Margaret (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
81 ?			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation O.A.P.
11. Industry or business

FATHER
12. Name Jessie
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Downes
15. Birthplace Ohio

16 (a) Informant Redords
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Albert W Berry
(b) Address 440 E Huntington Ave

19 (a) JAN 7 - 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1941, at 12 P 460 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1941 to 1-5 1941, and that I last saw him alive on 1-5 1941.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Incarcerated Ventral Hernia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto City Hosp Date signed 1-5-41

VS 3

F 76166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 76166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Cokesbury Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Cokesbury Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas H. Coburn.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-16-5031
4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary C. A. Coburn
6 (c) If alive, give age: 74 years
7. Birth date of deceased (mo., day, yr.): July 9. 1866
8. AGE: Years 75 | Months 5 | Days 26 | If less than one day: hr. min.
9. Birthplace: Cambridge Md (Town, county, and state)
10. Usual Occupation: Bricklayer
11. Industry or business: Retired

FATHER
12. Name: Thomas H. Coburn
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: A. Kirby
15. Birthplace: Cambridge Md

16 (a) Informant: Mrs Mary C. A. Coburn
(b) Address: 644 Cokesbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/8/41 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Caslyn Ave Rd

18 (a) Funeral director: G. Heumann Son
(b) Address: 32 S. Broadway

(c) Huntington Williams M.D. Registrar

JAN 7 1941
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 5 1941, at 6.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941, to Jan 5 1941, and that I last saw h. alive on Jan 5 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension — 1 yr.
Due to: Arteriosclerotic Cardiovascular Renal Disease — 1 yr.
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Daniel C. Wolfe
Address: 1231 E. South Ave Date signed: 1-6-41 M. D.

F 76167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~504 Light St~~
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 1
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Light St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME Rosario Culotta

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Late Rose Culotta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1875

8. AGE: Years	Months	Days	If less than one day
65	11	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Joseph Culotta
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Timino
15. Birthplace Italy

16 (a) Informant Joseph Culotta (Son)
(b) Address 504 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 5 Hanover St. Williams, Md

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-41 19 , at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1940 to 1-5 1941, and that I last saw h alive on 1-5-41 19 .

Immediate cause of death	Duration
Diabetes	
Due to Infection & amputation stump	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin Rode M. D.
Address Univ Hosp Date signed 1-5-41

F 76168
OF 62300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V161-a F 76168
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Eden Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Daniels (Florence) Birth #F 21401

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1941

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Daniels
13. Birthplace Virginia

MOTHER
14. Maiden Name Florence Marshall
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals Location 3:40 P.M.

18 (a) Funeral director Huntington Williams, Inc.
(b) Address

19 (a) JAN 7 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1941, at 5.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1941 to Jan. 3 1941, and that I last saw him alive on Jan. 3 1941.

Immediate cause of death Congenital atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 1/3/41.

VS 3

F 76169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 76169 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore city Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Laurens st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Baby Boy Jennifer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: B | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23, 1940

8. AGE: Years | Months | Days: 4 5 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation New Baby
11. Industry or business

FATHER
12. Name Bernard
13. Birthplace Balto.

MOTHER
14. Maiden Name anna smith
15. Birthplace Pa.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-6-41 (month) (day) (year)
(c) Cemetery or crematory Location Balto. City Shepard 2:15 p.m.

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 (a) JAN 7 - 1941 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-40 1940, at 4:06 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940 to 12-28 1940, and that I last saw him alive on 12-28 1940.

Immediate cause of death Prematurity — Duration 4 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Goodwin M. D.
Address [illegible] Date signed 1-[illegible]-41

VS 3

F 76170

F 76170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 John Strub
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) abt 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 John Strub
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Spilman Hudson

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel W. Hudson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 25 1874

8. AGE: Years	Months	Days	If less than one day
66	1	11	..... hr. ..... min.

9. Birthplace King & Queen Co., Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired

FATHER
12. Name Clement W. Hudson
13. Birthplace Seaford, Delaware

MOTHER
14. Maiden Name Mary Elizabeth Spilman
15. Birthplace Virginia

16 (a) Informant Mrs. William C. Hudson
(b) Address Braddock Road, Springfield, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 41 (month) (day) (year)
(c) Cemetery or crematory Singleton Chapel
Location Gloucester Co. Virginia

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) Date rec'd by Registrar JAN 7 1941 (b) Registrar .....

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1941, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1940 to Jan 6, 1941 and that I last saw him alive on Jan 3 1941.

Immediate cause of death Angina Pectoris — Duration 8 mos.

Due to Arterio-sclerotic Cardio-vascular disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Hubert Talbert M. D.
Address 3123 N. Calvert St Date signed 1/7/41

VS 8

over.

F 76171 X ✓ F 76171

BALTIMORE CITY HEALTH DEPARTMENT 131-a Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-8-15 28
(e) Length of stay in Baltimore (yrs., mos., or days) 3-8-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County C
(c) City or town Cornwells Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Francis Convent
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sister Mary John Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1871

8. AGE: Years	Months	Days	If less than one day
69	10	20	..... hr. ..... min.

9. Birthplace Clarion Co., Penna
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name James Allen
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Fedigan
15. Birthplace Ireland

16 (a) Informant Mt Hope Records
(b) Address City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-7-41 (month) (day) (year)
(c) Cemetery or crematory Cornwells Heights Pa
Location Burial

18 (a) Funeral director Stewart Memorial
(b) Address 108 W 23rd Ave.

JAN 9 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 22, 1937, to Jan 7 1941, and that I last saw her alive on Jan 7 1941.

Immediate cause of death Chronic Interstitial Nephritis (Hypertension) Duration 10 days
Due to Arteriosclerosis. Duration Last Attack
Due to .....
Other Conditions Idiopathic Glomerulonephritis Duration .....
Major findings: Chronic Interstitial Nephritis & Arteriosclerosis
Of operations .....
Of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature James P. Allen M. D.
Address 3216 Wilkens Ave Date signed

F 76172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 76172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 Pulaski Ave
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Carlton St (If rural give location)
(e) If foreign born, how long in U. S. A.? Born years

3 (a) FULL NAME Frances Turner 115 N. Carlton St.

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife None

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 3/18/80

8. AGE: Years 60 | Months 10 | Days | If less than one day: hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Private Home

FATHER
12. Name Frederick Turner
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Ann Brooks
15. Birthplace Va

16 (a) Informant Mary B. Hall
(b) Address Philadelphia Pa

17 (a) Buried (Burial, cremation or removal) (b) Date thereof 1/7/1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Balto Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

JAN 7 – 1941 (Date rec'd by Registrar) (b) [illegible] Baltimore, Md.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1941, at 2:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1941, to 1/2 1941, and that I last saw h[illegible] alive on 1/2 1941.

Immediate cause of death Endocarditis — Duration 1 yrs.

Due to Mitral Insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations V
Of autopsy V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence V
(c) Where did injury occur? V (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? V While at work? V (Specify type of place)
(e) Means of injury V

23. Signature Hugo Cassell

Address 3902 Pearlandy Date signed 1/7/1941

F 76173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

F 76173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

Also born at

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimd
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kenneth Hendon Bailey (Birth F 19745)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 2 - 40

8. AGE: Years | Months | Days 25 | If less than one day hr. min.

9. Birthplace Provident Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Vincent Bailey
13. Birthplace Virginia

MOTHER
14. Maiden Name Elva Drew Rand
15. Birthplace Virginia

16 (a) Informant Elva Drew Rand
(b) Address 1411 McCulloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Anatomical Purposes
(b) Address

19 (a) JAN 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 - 2 1940, to 12 - 27 1940, and that I last saw h.im alive on 12 - 27 1940.

	Duration
Immediate cause of death: Fatal Malnutrition	
Due to	
Due to: Born	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pyloric Spasm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Butler M. D.
Address Provident Hospital Date signed 1-7-41

OVER

F 76174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76174 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Carney (If outside city or town limits, write RURAL and give town)
(d) Street No. Edwards ave, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Fitzhugh Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22nd 1874

8. AGE: Years 66 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At home

FATHER
12. Name Joseph C. Cramer
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura E. Durffey
15. Birthplace Maryland

16 (a) Informant Fitzhugh L. Edwards
(b) Address Carney Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1941 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore Co. Md.

18 (a) Funeral director Lancaster Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 7 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 6:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to Jan 6 1941. and that I last saw her alive on Jan 6 1941.

Immediate cause of death: Diabetic gangrene — Duration 3 ms
Due to: Diabetes mellitus — 10 yrs
Due to:
Other Conditions: Bronchopneumonia, left
(Include pregnancy within 3 months of death)

Major findings:
Of operations: amputation of R leg
Of autopsy: Atheroma, gangrene left leg

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Rapp M. D.
Address Mercy Hospital Date signed Jan 6 1941

W 76175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

Registered No. E 76175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 27da.

(e) Length of stay in Baltimore (yrs., mos., or days) 5mo. 27da.

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County

(c) City or town Stapleton
(If outside city or town limits, write RURAL and give town)

(d) Street No. U. S. Marine Hospital
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank William Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25, 1889

8. AGE: Years	Months	Days	If less than one day
51	10	11	hr. min.

9. Birthplace Port Richmond, New York
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Stapleton Marine Hospital

FATHER
12. Name Thomas F. Murphy
13. Birthplace Port Richmond, N. Y.

MOTHER
14. Maiden Name Catherine Carr,
15. Birthplace W. Brighton, N. Y.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7/41 (month) (day) (year)

(c) Cemetery or crematory
Location Staten Island

18 (a) Funeral director Philip Henning Sons

(b) Address 2024 Orland St

JAN 7 - 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1941, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9, 1940, to Jan. 6, 1941, and that I last saw him alive on Jan. 6, 1941.

	Duration
Immediate cause of death: Hemorrhage, right carotid artery	10 min.
Due to: Carcinoma of larynx	1 yr.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Laryngoscopy

Of autopsy: No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas A. Anderson M.D.

Address U.S. Marine Hospital Baltimore, Maryland. Date signed 1/7/41

F 76176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 76176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 Caroline St

(c) Hospital or institution: St Joseph's Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) 43 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4415 Mannasota Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George T. Hetterick

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Catherine Hetterick

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 10-3-1897

8. AGE: Years	Months	Days	If less than one day
43	3	4	hr. min.

9. Birthplace Goodmillie, Balto-Md. (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business B.C.F.D.

FATHER

12. Name Jacob Hetterick

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth ?

15. Birthplace Germany

16 (a) Informant Catherine Hetterick

(b) Address 4415 Mannasota Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 10 41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Mark W. E. Rippel

(b) Address 1911 Belair Rd

19 (a) JAN 1 - 1941 (Date rec'd by registrar) (b) Huntington Millington, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940 to 1-7 1941, and that I last saw him alive on 1-7 1941.

Immediate cause of death	Duration
Uremia	
Due to Renal insufficiency	
Due to Hypertension Cardiovascular renal disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy Enlargement + myocardium Hemorrhagic Kidneys

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Supik M. D.

Address St Joseph's Hosp. Date signed 1-8-41

F 76177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 76177

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Maynor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Alexander Maynor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
25	24		hr. min.

9. Birthplace Wilson N. C.
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Rose Hinton
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Susie Maynor
(b) Address 1096 Brantley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cmty
Location Brooklyn Md

18 (a) Funeral director George T. A. Gibson
(b) Address 1755 Druid Hill Ave

JAN 7 - 1941 (Date rec'd by registrar)

Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1941, at 12 20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bullet wound of Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-5-41
(c) Where did injury occur? 403 N. Mount St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Pistol shot

23. Signature Howard J. Thomsen M.D.
Medical Examiner.
Date signed 1-5-41

VS 6

Accident, Alias, Maynor, Susie

F 76178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164-C

F 76178 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Longwood Road, Butler Rte: 403 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Maynor

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Susie Maynor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1913

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	9	13		

9. Birthplace Rocky Mountain N.C. (Town, county, and state)
10. Usual Occupation Cook Private
11. Industry or business

FATHER
12. Name Guss Maynor
13. Birthplace Rocky Mountain N.C.

MOTHER
14. Maiden Name Onlonna Battle
15. Birthplace Rocky Mountain N.C.

16 (a) Informant Mrs Guss Maynor
(b) Address 1006 Brandley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md

18 (a) Funeral director George T. Gibson Sr
(b) Address 1735 Druid Hill ave

19 (a) JAN 7-1941 (Date rec'd by registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1941, at 12:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Bullet wound of Head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1-5-41
(c) Where did injury occur? 403 N. Mount Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gun shot & Bullet wound

23. Signature Howard J. Moreau M.D. Medical Examiner.
Date signed 1-5-41

Murder Susie Maynor

VS 6

F 76179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-2

F 76179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Guilford Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cyrus C. Young

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-03-0730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1885

8. AGE: Years	Months	Days	If less than one day
55	8	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Auto Supply Store

FATHER
12. Name John H. Buckler Young
13. Birthplace ---------- Maryland

MOTHER
14. Maiden Name Margaret -------
15. Birthplace ---------- Maryland

16 (a) Informant Latimer G. Young
(b) Address 2906 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director H. W. Meyer & Son
(b) Address 805 North Calvert Street

JAN 7 - 1941 (Date rec'd by registrar) Hunter [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Jan 7 1941 and that I last saw him alive on Jan 7 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Chr Dif. nephritis	8 yrs
Due to Arteno-sclerosis	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. Dodd M. D.
Address 735 N. Eutaw Date signed 1/7/41

VS 3

76180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76180

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Argyle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jefferson Pitt

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lillian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
69?			hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Dairy

11. Industry or business Dairy

FATHER
12. Name Linsey
13. Birthplace Va.

MOTHER
14. Maiden Name Lillian
15. Birthplace Va.

16 (a) Informant records
(b) Address Baltimore city Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8. 1941 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N Mount Street

19 (a) JAN 7 1941 (b) Huntington Willis Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4- 1941 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1941, to 1-4- 1941, and that I last saw h alive on 1-4- 1941.

Immediate cause of death	Duration
Lobar pneumonia	4 days
Uremia	2 "
Due to Cardiac failure	?
0-5 Wt. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-6-41

F 76181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] 2315 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rena Marsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wakeland Marsh
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct 30 1894

8. AGE: Years	Months	Days	If less than one day
46	2	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Elmer R. Durand
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Potter
15. Birthplace Conn.

16 (a) Informant Mr. John Elliott
(b) Address 1510 Wilkens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director D. F. McCully
(b) Address 130 E. Fort Ave.

19 JAN 7 - 1941 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1941, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1941 to 1-7 1941, and that I last saw h e alive on 1-7 1941.

Immediate cause of death Cerebral hemorrhage — Duration 2 hrs.

Due to Hypertensive cardio vascular disease — Duration 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature John P. Urbach, Jr M. D.
Address Franklin Square Hosp. Date signed 1-7-41

VS 8

76182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a V

Registered No. E 76182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4919 O'Donnell
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4919 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-6

3 (a) FULL NAME AMANDA RIPPEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Wiegand Rippel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30. 1868

8. AGE: Years	Months	Days	If less than one day
72	4	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Gustav Bohle
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mr. Wm. Rippel (Son)
(b) Address 508 North Point Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9. 1941 (month) (day) (year)
(c) Cemetery or crematory 1st Evangelical Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) Filed JAN 7 1941 (b) Signature of Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3. 1941 19 8.45 A. M. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1939 to Jan 6 1941. and that I last saw her alive on Jan 5 1941.

	Duration
Immediate cause of death: Broncho Pneumonia	7 days
Due to Myocardial Degeneration	1 1/2 yrs
Due to Nephritis Interstitial	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lineaweaver M. D.
Address 1604 E. Baltimore Date signed 1/7/41

76183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B ✓ F 76183

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3321
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia May Hollyday

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mr. John Guy Hollyday
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1851

8. AGE: Years 89 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Louis Francis Lanmay
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Martha anne Fairall
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Guy F. O. Hollyday
(b) Address Towson, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-8-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) Date received (by Registrar) JAN 7 1941 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1941, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1940, to Jan. 6 1941, and that I last saw h[illegible] alive on Jan 6 1941.

Immediate cause of death Heart Failure and Cachexia — Duration Terminal

Due to Cancer of Urinary Bladder — 4 yrs.

Due to Cachexia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ferdinand E. Chatard
Address Union Memorial Hosp. Date signed 1-6-41

PRINCIPAL FACTS, WITH OPERATIONS AND AUTOPSY, MUST BE GIVEN. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. F 76184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 E. Ann Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) **FULL NAME** Jacob Borecki

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09 4070

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married ?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1879

8. AGE: Years	Months	Days	If less than one day
61	5	10	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Hot Mill
11. Industry or business Bethlehem Steel Spar Point

FATHER
12. Name John Garecki
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Bartnik
15. Birthplace Poland

16 (a) Informant Hospital Rec.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 481 S. Chester Street

JAN 7 - 1941
(Date rec'd by registrar) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1941, at 12 15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, Concussion — Duration
Due to Fractured ribs
Due to Emphysema - Sub-Cutaneous
Due to Bronchopneumonia, mitral Lesion
Other Conditions Fractured Femur

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-4-41 6-4
(c) Where did injury occur? In front of 718 S. Baltimore St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell on train, struck by Taxi Cab

23. Signature Edward J. Cleveland M.D.
Medical Examiner
Date signed 1-5-41

F 76185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 76185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 Lord Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Lord Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget M. Knauff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Francis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6-1871

8. AGE: Years 65 | Months 7 | Days 1 | If less than one day hr. min. 1875

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Owen Banaghan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Kelly
15. Birthplace Ireland

16 (a) Informant Francis Knauff
(b) Address 1916 Lord St Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-41 (month) (day) (year)
(c) Cemetery or crematory St Peters Cemetery
Location Baltimore Maryland

18 (a) Funeral director William Cook
(b) Address 217 St Paul Street

19 (d) JAN 7-1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 6-10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to Jan. 7 1941, and that I last saw h~~er~~ alive on Jan 6 1941.

Immediate cause of death
Influenza — Duration 4 days
Due to Broncho-pneumonia — 5 days
Due to
Other Conditions Diabetes Mellitus — 2-3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward K. Ballard M. D.
Address 1622 Mt Royal Ave Date signed

VS 3

76186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 76186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 137
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary D. Beckenbaugh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
69	8	5	hr. min.

9. Birthplace Clearspring, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George W. Beckenbaugh.
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Mary Amanda Kline
15. Birthplace Clearspring, Md

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St. Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1941 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown, Md

18 (a) Funeral director C. M. Sutin & Son
(b) Address Hagerstown, Md

JAN 7 - 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1940 to Jan. 7 1941, and that I last saw h[illegible] alive on Jan. 7 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 hour.

Due to

Due to Hypertension — 10 years
Calcium Hypertrophy — 6 years
Other Conditions Arteriosclerosis — 6 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Herspeger M. D.
Address 214 Medical Arts Bldg. Date signed 1/7/41

76187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 76187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6413 Cedonia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6413 Cedonia Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15-1867

8. AGE: Years	Months	Days	If less than one day
73	3	20	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael Amer
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Joseph Smith
(b) Address 6413 Cedonia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John J. Milligan
(b) Address 2334 Jefferson St

19 JAN 7 1941 (Date rec'd by Reg.) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1941 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940 to January 5 1941 and that I last saw her alive on January 4 1941.

Immediate cause of death
Arterial Hypertension -
Mitral Insufficiency

Duration One year.

Due to

Due to

Other Conditions Cardiac Decompensation 2 days.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Einenberg M. D.
Address 2025 E North Ave Date signed 1/7/41

VS 3

F 76188 340659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-a

F 76188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrow's Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 J st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Guy Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-2955

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 -1910

8. AGE: Years	Months	Days	If less than one day
30	4		hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business Bethlehem Steel Co

FATHER 12. Name Napoleon Johnson
13. Birthplace VA

MOTHER 14. Maiden Name Mary Cross
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-41 (month) (day) (year)

(c) Cemetery or crematory
Location Crew Va

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) Date rec'd by registrar JAN 8 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 7 1941, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to JAN 7 1941, and that I last saw h i M alive on JAN 7 1941.

Immediate cause of death	Duration
Uremia	13 days
Due to Arteriolosclerotic nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hospital Date signed 1-9-41

F 76189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 76189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 S. Fonden Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 238 S Fonden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY FITZSIMMONS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife unknown
6 (c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 86			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Christopher Fitzsimmons
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Christopher Fitzsimmons
(b) Address 1233 Light St.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Jan 8/41 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Fred. Rd.

18 (a) Funeral director Fred A. Krause & Son
(b) Address 1216 S. Charles St.

JAN 8 1941 (b) (Date filed by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 12:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to Jan 6 1941 and that I last saw h alive on Jan 5 1941.

Immediate cause of death Pneumonia — Duration 3 days

Due to — Duration over

Due to —

Other Conditions Myocarditis — Duration 17 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Jones M. D.
Address 4913 Frederick Ave Date signed

Thos. H. Jones, M.D.

F 76190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 76190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Elbert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Bryan

3 (b) If veteran; name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Jerry R. Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation At home.
11. Industry or business

FATHER
12. Name Magire
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida F. Long
15. Birthplace Virginia

16 (a) Informant Mrs. L. Funk
(b) Address 3319 Elbert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown

18 (a) Funeral director W. H. Glass Funeral
(b) Address 3539 Falls Road
(c) (Date received by registrar) Huntington Williams, M.D.

JAN 8 – 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941 at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Fracture, neck of Left femur
Cerebral Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/1/41
(c) Where did injury occur? Brenbowen, Anne Arundel Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Town (Specify type of place) While at work? No
(e) Means of injury Fell on ice on way to privy

23. Signature W. H. Wardlaw M.D. (Medical Examiner)
Date signed 1/7/41

VS 6

F 76191

76191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-a Registered No. F 76191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Frederick Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alice F. Fox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles C. Fox
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 1866

8. AGE: Years	Months	Days	If less than one day
74 73	10		..... hr. ..... min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation At home
11. Industry or business —

FATHER
12. Name Hugh Ferguson
13. Birthplace South Carolina

MOTHER
14. Maiden Name Sarah J Miller
15. Birthplace South Carolina

16 (a) Informant Charles C Fox
(b) Address Ellicott City md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-8-41 (month) (day) (year)
(c) Cemetery or crematory .....
Location Charleston, S.C.

18 (a) Funeral director F. C. Hug. undertaking Co
(b) Address Ellicott City md

19 (a) 1941 (Date rec'd by reg.) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1941, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1941, to 1-8 1941, and that I last saw h C Y alive on 1-8- 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James R Dungan M. D.
Address St Agnes Hosp. Date signed 1/9/41

F 76192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76192 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town New Windsor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Thomas Fritz

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-03-2426

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Laura

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1875

8. AGE: Years 65 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace New Windsor (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name Henry W. Fritz
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Anna M. Lucy
15. Birthplace Carroll Co.

16 (a) Informant Paul Fritz
(b) Address Westminister

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek
Location Carroll Co.

18 (a) Funeral director H. Bankard & Sons
(b) Address Westminister Md.

19 (a) (Date received by registrar) JAN 8 - 1941 (b) Hunter-Lee-Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/41 19 , at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1940 to 1/7 1941, and that I last saw him alive on 1/7 1941.

Immediate cause of death: Carcinoma of bladder — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder
Of autopsy Carcinoma of bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Arnold U. Freed
Address Sinai Hospital Date signed 1/8/41 (M. D.)

F 76193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 76193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ames M. E. Church
(c) Hospital or institution: Cary & Baker Sts

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Brantley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELEANOR BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-41-1[illegible]

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1891

8. AGE: Years 49 Mos | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business Homework

FATHER 12. Name James Worsham

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary Jackson

15. Birthplace Balto Md

16 (a) Informant Mary Colyer

(b) Address 1045 Brantly Ave

17 (a) Burial (b) Date thereof 1/9/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington

Location

18 (a) Funeral director Geo. S. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) JAN 8 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1941, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Manner of injury

23. Signature W. L. Wollenmaier M.D.
Medical Examiner.

Date signed 1-5-41

VS 6

F 76194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-A

F 76194 Registered No.

DH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1114 N Calvert St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME L. Elizabeth Connors

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: "

6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1904

8. AGE: Years 36 | Months 3 | Days | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Practical Nurse

11. Industry or business

FATHER

12. Name William D Gemtt

13. Birthplace Md.

MOTHER

14. Maiden Name Bernice Nevlle

15. Birthplace Ma.

16 (a) Informant records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard Kenny

(b) Address 530 N Augusta St

19 JAN 8 - 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6- 1941, at 11 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1940 to 1-6 1941, and that I last saw her alive on 1-6 1941.

	Duration
Immediate cause of death: Exsanguination	
Due to: Anemia of Cerv Ca	16 mo
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry L. Rigdon M. D.

Address Balto. City Hosp. Date signed 1-7-41

VS 3

F 76195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 76195 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S. Carey St 1923
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria Armin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Wm. Armin
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1888

8. AGE: Years	Months	Days	If less than one day
52.	0	14/5	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Vincent Clemento
13. Birthplace Lithuania

MOTHER
14. Maiden Name Mary ?
15. Birthplace Lithuania

16 (a) Informant Wm Armin
(b) Address 34 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/1941 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre Cem
Location 4430 Belair Rd

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) (b) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-41 1941, at 655 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9-40 19 , to 1-7-41 19 , and that I last saw her alive on 1-7-41 19 .

Immediate cause of death	Duration
Carcinoma of breast & general Jaundice metastasis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin Rhode M. D.
Address University Hosp. Date signed 1-7-41

F 76196

59787 SD

5 Copies of Death

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3316 Fairfield Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Akley Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1888

8. AGE: Years: 52 | Months: 8 | Days: 18 28 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER

12. Name: Sippio Winfield

13. Birthplace: ?

MOTHER

14. Maiden Name: Mildred ?

15. Birthplace: ?

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9-1941 (Month) (Day) (Year)

(c) Cemetery or crematory: Int Calvary Cemetery

Location: Ag. Dr. Co. Md

18 (a) Funeral director: Robert F. Williams

Address: 1515 N. Eldersley St

19 (a) JAN 8-1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1941, at 11 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1940 to 1/5 1941, and that I last saw h or alive on 1-5 1941.

Immediate cause of death: Carcinoma of ovary & metastases — Duration: 8 mo.?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: Sidney F. Gilbert Jr.

Address: Baltimore City Hosp Date signed 1/6/41 M. D.

76197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 G

F 76197
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 32
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
9-5
(d) Street No. 1324 HOMESTEAD ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MRS. LILLIE M. BARTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) DEC. 15, 1866

8. AGE: Years	Months	Days	If less than one day
74	0	22	..... hr. ..... min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM RODERICK
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELVIRA SULLIVAN
15. Birthplace MARYLAND

16 (a) Informant MRS. ELVIRA PUMPHREY
(b) Address 1324 HOMESTEAD ST. BALTO. MD.

17 (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address Dodd - Fla. Avenues

19 (a) ..... (Date rec'd by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 7, 1941, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 5 1940, to JAN. 7 1941, and that I last saw her alive on JAN. 7 1941.

Immediate cause of death Ca of Pancreas with metastasis to
Due to Liver -
Localized Abscess
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Pancreas with metastasis to Liver
Of autopsy .....

Duration
.....
.....
.....
.....
.....
.....
.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Carl E. Crumpton M. D.
Address Church Home - Inf. Date signed 1-7-41

VS 3

F 76198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 89 a Registered No.

F 76198

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert Street
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 St. Helena Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Arnold Chaney Hall Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1940

8. AGE: Years	Months	Days	If less than one day
[illegible]	5 4	2 0	hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation ____

11. Industry or business ____

FATHER
12. Name Arnold Chaney Hall Sr
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Dorothy Jackson
15. Birthplace Baltimore Md

16 (a) Informant Dorothy Hall
(b) Address 245 St Helena Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Balto. Md

18 (a) Funeral director W. D. Covington
(b) Address 21 W. 23rd St

19 (a) JAN 8 1941 (Date rec'd by Registrar) (b) Certificate filed by Hilliam M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1941, at 7 P. M

21. I certify that death occurred on the date above stated: that I attended deceased from January 6 1941 to Jan 6 1941, and that I last saw him alive on January 6 1941.

Immediate cause of death Circulatory Collapse

Duration of Illness: 1 hr.

Due to Septicemia

Duration of Illness: One day

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature John A. Wagner
Address Mercy Hospital Date signed 1/6/41 M.D.

F 76199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 76199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Brent Wood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Brent Wood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1896

8. AGE: Years	Months	Days	If less than one day
44	4	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Alex Degge
13. Birthplace md

MOTHER
14. Maiden Name Harriet Degges
15. Birthplace md

16 (a) Informant Noble Scott
(b) Address 1504 Brent Wood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/1941 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Govan md

18 (a) Funeral director Rayner Sanders
(b) Address 1413 E Preston St

19. JAN 8 – 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Jan 6 1941, and that I last saw h alive on Jan 5 1941

Immediate cause of death

Duration

Intestinal Nephritis — Due to Myocarditis — Due to — Other Conditions —

Dec 14 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Allen
Address 507 Augusta Date signed 1-7-41

VS 3

76200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76200
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Sharpe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES L. THOMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 187-16-9545

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lillian Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1884

8. AGE: Years	Months	Days	If less than one day
56 ~~Yrs~~	5	20	hr. min

9. Birthplace New York (State, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Thomas Wm Thompson
13. Birthplace U. S.

MOTHER
14. Maiden Name Lucias Thompson
15. Birthplace U. S.

16 (a) Informant Charles Thompson
(b) Address 114-20 St. St. Albans, N.Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 8 '41 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem
Location Brooklyn, N.Y.

18 (a) Funeral director G. Lee Adel
(b) Address 4644 York Rd.

19 (a) Filed JAN 8 1941 (b) (Date received by Registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 9 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease. — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 12-28-40

F 76201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-w

F 76201 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correctly supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 N. Mary Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME MR. MAX REISSERT

3 (b) If veteran, name war No | 3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs Max Reissert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1866

8. AGE: Years 74 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Photographer

11. Industry or business

FATHER 12. Name Mr. Carl G. Reissert
13. Birthplace Germany

MOTHER 14. Maiden Name Regina Janssen
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 12 J St. Paul St.

19 (a) Filed JAN 8 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1941, at 10:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940, to 1-6 1941, and that I last saw him alive on 1-6 1941.

Immediate cause of death Cardiac failure — Duration

Due to Auricular fibrillation

Due to Arteriosclerosis

Other Conditions Pulmonic Infarction + emphysema
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy emphysema, coronary thrombosis, chronic pulmonary disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Crawford
Address Union Memorial Hospital Date signed 1/7/41

VS 3

76202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. E 76202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 N. Regester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 N. Regester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Reiley

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Viola Reiley
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 30, 1893

8. AGE: Years	Months	Days	If less than one day
47	6	18	..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Water Dept
11. Industry or business Baltimore City

FATHER
12. Name Thomas J. Reiley
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. ?
15. Birthplace Md

16 (a) Informant Viola Reiley
(b) Address 1809 N. Regester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11, 1941 (month) (day) (year)
(c) Cemetery or crematory U. S. National Cem.
Location Baltimore Md

18 (a) Funeral director Pott & B. Mc Watters
(b) Address Pratt & Stricker Sts Huntington Williams, Md

19 (a) JAN 8 1941 (b) 8 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7th 1941, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Jan 7 1941, and that I last saw h alive on Jan 7 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 4 Mos 1940

Due to Cardiac Ex Laceration — 1/7/41

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Ryan M.D.
Address 8014 Kenwood Ave Date signed 1/7/41

76203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. E 76203

LH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 ½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1116 Mcculloh St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Bradley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widowed

6 (b) Name of husband or wife Spencer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1861

8. AGE: Years	Months	Days	If less than one day
79 70	2	10 11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name J Amos
13. Birthplace unknown

MOTHER
14. Maiden Name Phoebe Evans
15. Birthplace unknown

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 3 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 8 - 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1940, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940, to 12-27 1940, and that I last saw h ex alive on 12-27 1940.

Immediate cause of death — Duration
Cardiac failure — 2 hrs.
Due to Hemorrhagic pneumonia — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Pallthorp M. D.
Address Balto. City Hosp. Date signed 1-29-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

6165

76204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160-a

Registered No. F 76204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. LEXINGTON ST.
(c) Hospital or institution: VOLUNTEERS OF AMERICA
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 W Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY NORAN Birth # F 21447

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1941.

8. AGE: Years	Months	Days	If less than one day
			5 hr. 45 min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JOSEPH A NORAN
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name FRANCES CURZI
15. Birthplace NEW YORK CITY

16 (a) Informant FRANCES NORAN
(b) Address 2006 W. FRANKLIN ST.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JAN 8 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JAN 8 1941 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to January 6 1941, and that I last saw him alive on Jan 6 1941.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Prematurity (wt 3 lbs)	
Due to Tumultuous labor + forceps delivery	9 hours
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Goode
Address Volunteers of America Hosp. Date signed 1/7/41 M. D.

VS 2

6163

76205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76205

CERTIFICATE OF DEATH

122 N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Myrtle Ave St. 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rhoda Pollard Pollack

If U. S. Veteran specify WAR

(a) Residence: No. 1201 Myrtle Avenue St., 17th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Fem	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alonzo Pollack

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Bern N.C.

FATHER

13. NAME John Barber

14. BIRTHPLACE (city or town) (State or country) New Bern N.C.

MOTHER

15. MAIDEN NAME Harriett

16. BIRTHPLACE (city or town) (State or country) New Bern N.C.

17. INFORMANT John E. Manuel

(Address) 1201 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 8, 1941

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

JAN 8 1941 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from December 23 1940 to January 3 1941

I last saw h[illegible] alive on January 3, 1941. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated ventral hernia followed by peritonitis	12-30-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C R Campbell M. D.

(Address) 718 Dolphin Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

76206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ E 76206 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Two 52
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Hobner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Nicholas Hobner
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 10 1884

8. AGE: Years	Months	Days	If less than one day
56 56	12	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Edward Behr
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Louisa Daniels
15. Birthplace Baltimore Md.

16 (a) Informant Daughter - Evelyn Daniels
(b) Address 1904 N Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)
(c) Cemetery or crematory Morefland
Location Jay Fox Ave

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 N. Wolfe St.

19 (a) JAN 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 6:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940, to Jan 8 1941, and that I last saw her alive on Jan 7 1941.

Immediate cause of death	Duration
(a) Bronchitis.	6 mos. ?
Metastasis to Peritoneum (b)	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Inf. Date signed 1/8/41

VS 3

76207 GRUCH1 F 76207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Eastern Ave.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Eastern Ave
(If rural give location)
EASTPORT
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME George Gruch

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	M	W	M

6 (b) Name of husband or wife Teresa
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1865

8. AGE: Years	Months	Days	If less than one day
75	2	2/20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation SHOE MAKER
11. Industry or business FOR SELF.

FATHER
12. Name Anthony Gruch
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Bechlighter
15. Birthplace Germany

16 (a) Informant Daughter
(b) Address Same address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 9/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST

19 (a) JAN 8 - 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to Jan 6 1941, and that I last saw h/s alive on Jan 6 1941.

Immediate cause of death	Duration
Acute Cardiac Dilatation	2d.
Due to Hypostatic Pneumonia	7
Due to Cerebral Hemorrhage	3d.
Other Conditions Coronary Sclerosis	2d.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Daffy M. D.
Address Mercy Hosp Date signed

76208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State District of Columbia (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 11th St. N. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Powers (Henry Chris)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 578-10-2998

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 1 - 1919

8. AGE: Years 21 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace Fosbabee Alabama (Town, county, and state)

10. Usual Occupation attendant

11. Industry or business Serv. Sta. Station

FATHER
12. Name Robert Powers
13. Birthplace Fosbabee Alabama

MOTHER
14. Maiden Name Tula Gardner
15. Birthplace Fayetteville (Alma) Miss.

16 (a) Informant Tula Allen mother
(b) Address 1904 11th St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 - 41 (month) (day) (year)
(c) Cemetery or crematory
Location Woodlawn Wash. D.C.

18 (a) Funeral director Robt. G. McGuire
(b) Address 1520 - 9th St. N.W. Wash. D.C.

19 (a) Date rec'd by registrar 1-10-41 Huntington Williamsport Md. (b) Number 1-49

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 8 - 1941, at 4:25 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured 4th. Dorsal vertebra — Broken back — Duration
Due to: Ruptured Liver Intra-abdominal Hemorrhage — fractured Pelvis
Other Conditions: Fractured 5th. rib - left
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1 - 7 - 1941
(c) Where did injury occur? Elkridge, Balto. Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Manner of injury Ran into a Greyhound Bus

23. Signature Howard J. Mahoney M.D. Medical Examiner
Date signed 1 - 8 - 41

(over)

STARKER

76209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Gregson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Gregson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Martin Starker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1854

8. AGE: Years 86 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retd Carpenter Bldr.

11. Industry or business

FATHER 12. Name Not known
13. Birthplace Germany

MOTHER 14. Maiden Name Christine Oswald
15. Birthplace Ger.

16 (a) Informant Daughter
(b) Address 3203 Gregson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore

18 (a) Funeral director Mamie C. Byfer
(b) Address 1600 West North Ave

19 (a) JAN 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 6 1941, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 5 1941, to Jany. 6 1941, and that I last saw him alive on Jany 6 1941.

Immediate cause of death Cardiac Thrombosis — Duration 12 hrs
Due to Cardiac Arterio-sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Smith
Address 1605 W North Ave Date signed 1/8/41

76210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-D

Registered No. E 76210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104. Westwood ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3104. Westwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Catherine Leithauser

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles C Leithauser
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) August 10 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	4	28		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Home Duties

FATHER
12. Name Henry Maykranz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Deals
15. Birthplace Germany

16 (a) Informant Chas C Leithauser
(b) Address 3104 Westwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Jramie C. Eyler
(b) Address 1600 N. North Ave

19 (a) JAN 8 - 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7, 1941, at 1-25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 7 1941, and that I last saw h alive on Jan 7 1941.

Immediate cause of death Myocardial Failure.

Duration 3 hrs. 4 da.

Due to Edema of Glottis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elvin Townsend M.D.
Address 806 N Fulton Ave Date signed Jan 8/41

76211 Schneeberger ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 76211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Monument street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Marlborough Apt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie Schneeberger.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Maurice Schneeberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1879

8. AGE: Years	Months	Days	If less than one day
61	6	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Solomon Brown
13. Birthplace Germany

MOTHER
14. Maiden Name Cha Fredafrick
15. Birthplace Balto. Md

16 (a) Informant Mr. Oscar Brown
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1941 (month) (day) (year)
(c) Cemetery or crematory Balto. Memorial Location Baker Ave

18 (a) Funeral director J. Aronson & Co.
(b) Address 2433 Reisterstown Rd

19 JAN 8 — 1941 (Date received by registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1941 at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1940 to 1/7 1941, and that I last saw h alive on 1/7 1941.

	Duration
Immediate cause of death acute heart failure	2 days
Uremia	
Due to coronary thrombosis	9 days
Due to Arteriosclerosis	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis & hypertension

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert W. Klein M. D.
Address Sinai Hospital Date signed 1/7/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as accurately as possible. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

390357
76212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 76212 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Independence (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Nannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-76

8. AGE: Years 64 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name J. C. Shaw
13. Birthplace Va.

MOTHER
14. Maiden Name Nannie Osborn
15. Birthplace Va.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-41 (month) (day) (year)
(c) Cemetery or crematory Independence
Location Va.

18 (a) Funeral director John T. Mitchell
(b) Address 1910 Eutaw Place

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.

JAN 8 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1940, to 1-8 1941, and that I last saw him alive on 1-8- 1941.

Immediate cause of death ? Coronary Thrombosis — Duration 1 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Cecum resected 1 week ago
Of autopsy Dilatation of Right side of heart

PHYSICIAN
Underline the cause to which death should be charged (statistical)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M.D.
Address The Johns Hopkins Hospital Date signed 1-8-41

76213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 Newland Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 Newland Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Edward F. Flannigan

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4902

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Stella Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1881

8. AGE: Years	Months	Days	If less than one day
59	6	18, 19	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Hass Co, Inc.

FATHER
12. Name Edward Flannigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Dano
15. Birthplace Ireland

16 (a) Informant Mrs. F. Flannigan
(b) Address 3511 Newland Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 JAN 8 1941 (Date rec'd by reg'r) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1941, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26th 1940 to Jan 6th 1941, and that I last saw h[illegible] alive on Jan 5th 1941.

Immediate cause of death
(a) Pneumonia
Due to Thrombosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
(a) Dec 26th
(b) Jan 6 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry F. Kane M.D.
Address 1301 N. Eutaw Date signed 1-8-41

F 76214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76214

Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4726 Ivanhoe Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4726 Ivanhoe ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME EMILY E. HALL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
— no	— none	F	W	married

6 (b) Name of husband or wife John R. Hall
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	25	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name August Mossmeyer
13. Birthplace Bavaria, Germany

MOTHER
14. Maiden Name Louise Ferciot FERCIOT
15. Birthplace New York

16 (a) Informant Mrs. Rudolph Hall
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by local registrar JAN 9 1941 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Awhile
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wollenweber M.D.
Chief Medical Examiner.
Date signed 1-8-41

F 76215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 76215 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 N. Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 N. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Wiesenbach

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Otto E. Wiesenbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18th 1863

8. AGE: Years 77 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John Webber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Sophie Sheatz
(b) Address 1813 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 9 – 1941 (Date rec'd by registrar) (b) Interment, removal, or cremation Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1941, at 6:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1941, to Jan 8, 1941, and that I last saw her alive on Jan 7, 1941.

Immediate cause of death
Chronic Myocarditis — Duration 3 yrs.
Due to Arteriosclerotic Cardiovascular Renal Disease — 3 yrs.
Due to
Other Conditions Hemiplegia (rt) — 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Brolf, M.D.
Address 1321 E North Ave Date signed 1-8-41.

F 76216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 76216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 N. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 N. Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Francis Biggs

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or~~ divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Susie H. Biggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24th 1861

8. AGE: Years	Months	Days	If less than one day
79	6	13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Night Watchman

FATHER
12. Name (Unknown) Biggs
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine (Unknown)
15. Birthplace Balto Md.

16 (a) Informant Mary V. Jones
(b) Address 2000 N. Wolfe St

17 (a) Burial (b) Date thereof 1/10/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 9 - 1941 (b) Huntington & Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7th 1941, at 5-10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1940, to Jan 7 1941, and that I last saw h~~im~~ alive on Jan 5 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Arteriosclerosis & Senility	
of Age	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Carman M. D.
Address 1701 N. Carolina Date signed Jan 8-41

F 76217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-E

F 76217 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 So Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 So Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Quigley

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife: Emory Quigley
Deceased 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 20-1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
83	4	18		

9. Birthplace New York State (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Young
13. Birthplace New York

MOTHER
14. Maiden Name Mary Young
15. Birthplace New York

16 (a) Informant Mrs May Tribull
(b) Address 528 So Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 or Randall St

19 (a) JAN 9 1941 (Actg. for City Registrar) (b) Huntington Williams M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1941 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to Jan 8, 1941 and that I last saw h W alive on Jan 7, 1941

Immediate cause of death: Carcinoma Tranverse Colon — Myocardial Insufficiency — Duration

Due to: ____

Due to: ____

Other Conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature Curtis Hutchcraft
Address 1529 Eastern Ave Date signed 1/10/41

F 76218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1310

F 76218 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 E Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM L. SMITH

3 (b) If veteran, name war World

3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1882

8. AGE: Years 58 60 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace Monterey Co (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Calvin Smith

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name India Carroll

MOTHER 15. Birthplace Unknown

16 (a) Informant Mrs Murphy, Asst Supt, Mercy Hosp

(b) Address Mercy Hospital Bldg

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cemetery Baltimore Co

Location Arlington Co

18 (a) Funeral director Wellons & Co

(b) Address 129 E Cold St

19 JAN 9 1941 (Date accepted by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1941, at 10.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular Renal disease — **Duration**

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenmuller M.D.
Medical Examiner.

Date signed 1-6-41

VS 6

Dr Siscovich F 76219
1429 W Fayette

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
131-3 Registered No. F 76219

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 Hollins St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City of Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 Hollins Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannah Cornelius

3 (b) If veteran, name war — 3 (c) Social Security Account No. NONE

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Nicholas Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1852

8. AGE: Years 88 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Philadelphia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Charles Ewing
13. Birthplace Philadelphia

MOTHER
14. Maiden Name Mary O. Leary
15. Birthplace Ireland

16 (a) Informant Walter J Cornelius
(b) Address 1223 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul Street

19 (a) JAN 9 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1940 to Jan 8 1941 and that I last saw h[illegible] alive on Jan 2, 1941.

Immediate cause of death Bronchopneumonia, Chronic myocarditis, Chronic Nephritis — Duration: 2 wks, yrs, yrs

Due to — Duration:

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Siscovich M.D.
Address 1429 W. Fayette St. Date signed 1/8/41

VS 8

F 76220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 76220

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Apt. 401, 4202 Lock Raven Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ 4202 Lock Raven Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CONSTANCE WRIGHT

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: N.I.R.B.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband ~~or wife~~ Henry Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1915

8. AGE: Years	Months	Days	If less than one day
25	3	4	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Albert Masters
13. Birthplace Canada

MOTHER
14. Maiden Name Catherine Mamboureaux
15. Birthplace Canada

16 (a) Informant Josephine McAllister
(b) Address 4 Bernice Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director J. McCahan
(b) Address 1217 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to Suicide	
Due to Mental depondency	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-8-41
(c) Where did injury occur? Abm. Address Kitchen (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Gas jets of stove

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-8-41

VS 6

F 76221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Sq. Hosp. Madison & Eden
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 E. Lafayette
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Rev. Frank A. Killmon

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Gertrude E. Killmon
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 21st 1868
8. AGE: Years 72 | Months 3 | Days 17 | If less than one day: ____ hr. ____ min.
9. Birthplace Balt. Md. (Town, county, and state)
10. Usual Occupation Retired Minister
11. Industry or business

FATHER
12. Name Thomas W. Killmon
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte M. Forler
15. Birthplace Md.

16 (a) Informant Dorothy E. Turner
(b) Address 330 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery or crematory David Ridge Cem.
Location Riderville Md.

18 (a) Funeral director Wellsin Cook
(b) Address 1217 St. Paul St.

19 (a) JAN 9 - 1941 (Date rec'd by registrar) (b) Hunting for Williams U.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8th 1941, at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6th 1941, to Jan 8th 1941, and that I last saw h alive on ____ 19__.

Immediate cause of death Cardiac vascular disease

Duration

Due to

Due to

Other Conditions Pulmonary edema + acute decompensation

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. M. E. Kerrin M. D.
Address Md. Sq. Hosp. Date signed 1/10/41

F 76222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

F 76222 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski Sts
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1942 W Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr William Leopold
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Mary Leopold
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1-6-63

8. AGE: Years	Months	Days	If less than one day
78	0	0	..... hr. ..... min.

9. Birthplace Md. Brunswick (Town, county, and state)
10. Usual Occupation Retired Letter Carrier
11. Industry or business U. S. Mail

FATHER
12. Name Theophilus Leopold
13. Birthplace Md

MOTHER
14. Maiden Name Martha A Rhoades
15. Birthplace Md.

16 (a) Informant Mary E Leopold
(b) Address 1942 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo. F. Bayer Jr.
(b) Address 151 S Hilliard St

19 (a) Date rec'd by local registrar JAN 9 1941 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1941, at 2 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1940 to 1-6 1941 and that I last saw h[illegible] alive on 1-6 1941.

Immediate cause of death: Adenocarcinoma Prostate gland — Duration: 8 months
Due to:
Due to:
Other Conditions: Marked Hypertrophic Arteriolar Nephrosclerosis (Include pregnancy within 3 months of death) — 7 years
Major findings:
Of operations: Adenocarcinoma Prostate gland 11-22-40
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M D M. D.
Address 2028 W. Fayette St Date signed 1-6-41

F 76223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-B

F 76223 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 462 E.Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 462 E.Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Phillip Kuhlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha S.Robertson
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov.2,1878

8. AGE: Years	Months	Days	If less than one day
62	2	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Charles Kuhlman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Anna Wehrheim
15. Birthplace Baltimore

16 (a) Informant Bertha S.Kuhlman
(b) Address 462 E.Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 10 / 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Edward F. Hoffmann
(b) Address 1639 N.Broadway

JAN 9 - 1941 (Date rec'd by registrar) (b) [illegible] Baltimore, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 - 1941, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1940 to Jan 7 1941, and that I last saw him alive on Jan 6 1941

Immediate cause of death: acute dilatation of heart — Duration 2D.

Due to

Due to Mitral Regurgitation — 2 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Campbell M. D.
Address 1644 Hanover St. Date signed 1/7/41

VS 3

F 76224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76224 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3923 Fait Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3923 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Frederick C. Schaller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary E. Keil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1866

8. AGE: Years	Months	Days	If less than one day
74	8	19[18]	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher Retired
11. Industry or business

FATHER
12. Name Herman Schaller
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Mary E. Schaller
(b) Address 3923 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JAN 9 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 - 1941, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940, to Jan 6 1941, and that I last saw him alive on Jan 5 1940.

Immediate cause of death	Duration
Chr. Myocardotis Hyp. Coronary Occlusion	Jan 5 1940
Due to Hypertension - Cerebral Hemorrhage -	1938
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram J. Buchman M. D.
Address 350 Fait Ave Date signed Jan 7 41

F 76225

MAKA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

F 76225
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 S. Chapel Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Maka

3 (b) If veteran, name war No

3 (c) Social Security Account No. 213-01-1532

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa Maka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mill hand

11. Industry or business Lumber

FATHER
12. Name Wilhelm Maka
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Grocki
15. Birthplace Poland

16 (a) Informant Theresa Maka - wife
(b) Address 501 S. Chapel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozagenski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by Registrar) JAN 9 1941 (b) Huntington Williamsport Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7- 1941, at 1:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock - Hemorrhage	
Crushing injury of chest	
Due to Multiple fractured ribs.	
Due to Fractured vertebrae	
Other Conditions Lacerations -	
brush burns	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes, as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-7-41 3-2
(c) Where did injury occur? 1311 Pulaski Street Cty (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Industrial (Specify type of place) While at work? Yes
(e) Means of injury Crushing in belt & pulley machine

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-8-41

Howard J. Madden

F 76226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N. Mount
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 - 1928

8. AGE: Years	Months	Days	If less than one day
12	4	.	hr. min.

9. Birthplace Baltimore Md
(City, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Geo Smith
13. Birthplace N.Y.

MOTHER 14. Maiden Name Rose Cooper
15. Birthplace Va

16 (a) Informant Elizabeth Berry
(b) Address 116 W. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 10 - 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anna Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

JAN 9 - 1941 (Date rec'd by Registrar) (b) [signature] for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 7 - 41 19 , at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25-40 19 , to 1-7-41 19 , and that I last saw h[illegible] alive on 1-7-41 19 .

Immediate cause of death	Duration
Respiratory failure	
Due to Undetermined causes.	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Univ. Hosp. Date signed 1-8-41

F 76227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 76227

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN TEMPLE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) .....

8. AGE: Years	Months	Days	If less than one day
89			..... hr. ..... min.

9. Birthplace ..... (Town, county, and state)
10. Usual Occupation .....
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant .....
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) [illegible] JOHNS HOPKINS MEDICAL SCHOOL JAN 9 1941
Location ..... Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingdon Pa.

19 (a) JAN 9 - 1941 (Date rec'd by registrar) (b) 6166 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1941 at 5 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary edema	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions no	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-3-41

Registered on Birth Cert. as Frank Junior Holmes

F 76228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 76228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 746 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES HALL Birth # F 09896

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Anna May Hall
15. Birthplace

16 (a) Informant
(b) Address -

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL JAN 9 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

Per R. A. Moore

19 (a) JAN 9 - 1941 (b) Huntington Pollitt, M.D.
(Date rec'd by registrar) 6167 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 7 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia, lobular primary — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 1-2-41

F 76229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 76229

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 29 [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Peacock

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Howard Peacock.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1887

8. AGE: Years	Months	Days	If less than one day
53	9	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home.

FATHER
12. Name John Johen
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Pauline Roth
15. Birthplace Baltimore Md

16 (a) Informant Helen Rohde
(b) Address 2836 Mayfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14th (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 200 E. Williams St.

19 (a) JAN 9 1941 (Date rec'd by Registrar) (b) Permit issued by Wm. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7, 1941, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1940, to Jan 7 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death	Duration
Cardiac Failure	1
Due to Rheumatic H. D.	31 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. K. Lemmon, M. D. M. D.
Address Church Home & Inf. Date signed 1/7/41

F 76230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 76230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AUSTIN A. BAIRD

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower.

6 (b) Name of husband or wife Ella Baird

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1863

8. AGE: Years 77 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Don' know
13. Birthplace Don't know

MOTHER
14. Maiden Name Don't know
15. Birthplace Don't know

16 (a) Informant Mrs. Rose Boss
(b) Address 420 N. Milton Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Comm
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Lanvale

19 (a) (Date rec'd by registrar) (b) Filed for Record, H.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Jan 7 - 1941. and that I last saw him alive on Jan 7 - 1941.

Immediate cause of death: Angina Pectoris
Myocardial Insufficiency
Due to Arteriosclerosis
Due to Chr. Nephritis
Other Conditions

Duration: 3 mos.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. G. Lenox, M.D.
Address 1516 N. Milton Ave Date signed 1/8/41

F 76231

F 76231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da. 22-1
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Barrett St, BARRE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James M. Beggs

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 142-18-2150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marie Doran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1896

8. AGE: Years	Months	Days	If less than one day
44	8	23	hr. min.

9. Birthplace: Concord, New Hampshire (Town, county, and state)
10. Usual Occupation: Novelty Salesman
11. Industry or business

FATHER
12. Name: Martin Beggs
13. Birthplace: Nasau, N. H.

MOTHER
14. Maiden Name: ~~Marxxxxxx~~ Mary O'Donnell
15. Birthplace: Ireland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery or crematory: Phila Pa
Location:

18 (a) Funeral director: S. Walter May
(b) Address: 619 N. Bouldin St.

19 (a) 1941 (Date received by registrar) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1941 at 7:10A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3, 1941 to Jan. 8, 1941 and that I last saw him alive on Jan. 8, 1941

Immediate cause of death	Duration
Miliary tuberculosis of lungs	1 mo.
Due to Chronic pulmonary tuberculosis with cavitation	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. C. Decker, M.D.
Address: US Marine Hospital, Baltimore, Md. Date signed 1/8/41

76232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 234 Dolphin Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret T. Barago

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1869

8. AGE: Years 71 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Fredricksburg, Va. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Susan Cave
15. Birthplace Virginia

16 (a) Informant Mrs. William Barago
(b) Address 234 Dolphin St.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Jan. 12, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Kellam
(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1941, at 12 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1940, to Jan. 8 1941, and that I last saw h[illegible] alive on Jan. 4 1941.

	Duration
Immediate cause of death: Cardiac insufficiency	6 mos.
Due to: arteriosclerosis	15 yrs.
Due to:	
Other Conditions: Diabetes mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Price M. D.
Address 920 St. Paul Date signed 1-9-41

76233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 76233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 MUELLER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 MUELLER ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 11

3 (a) FULL NAME LOUISE M. ALTVATER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN ALTVATER
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) MAY 26- 1879

8. AGE: Years	Months	Days	If less than one day
61	7	11 12	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name ANDREW KRAUS
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET SCHUTTE
15. Birthplace GERMANY

16 (a) Informant JOHN M. ALTVATER (HUS)
(b) Address 3309 mueller ST.

17 (a) BURIAL (b) Date thereof 1-11-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Feiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) Hennington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 7 1941, at 6/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941, to Jan 7 1941, and that I last saw h[illegible] alive on Jan 7 1941.

Immediate cause of death Coronary Thrombosis Jan 7 — Duration 1941
Due to Chr - Myocarditis — Duration 18 yo
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Kaufman M.D.
Address 3507 Talbot Date signed 1-8-41 M. D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct answer given where specially important. Physicians: please write the causes of death clearly and legibly.

F 76234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 76234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Parrish St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-19

4. Sex M | 5. Color or race ed | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1912

8. AGE: Years 28 29 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name West Hall
13. Birthplace Md

MOTHER 14. Maiden Name Ella Ross
15. Birthplace Md

16 (a) Informant Sara Hall
(b) Address 1438 N. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelly
(b) Address 1303 Pressman St.

19 (a) JAN 9 — 1941 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3 PM to 8 PM 1/8/1941, and that I last saw h alive on 1/8/1941.

Immediate cause of death Acidosis — Duration

Due to Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Lupik
Address St. Joseph's Hosp Date signed 1/8/41 M. D.

VS 3

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 76235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 Forman st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Forman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY AUSTIN Birth Cert # F 21180

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex m | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/26/40 1/6/41 1/24/41

8. AGE: Years | Months | Days 13 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Baby
11. Industry or business

FATHER 12. Name John Holden
13. Birthplace Unknown

MOTHER 14. Maiden Name Mozella Austin
15. Birthplace Winston Salem N.C.

16 (a) Informant John W. Austin
(b) Address 1831 Forman st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/41 (months) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1343 Presstman

19 (a) JAN 9 - 1941 (Date rec'd by registrar) (b) Huntington Hillsboro, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 1 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxia
Due to aspiration of vomitus
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-8-41
(c) Where did injury occur? home - abroadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place) 15-2
(e) Means of injury aspirated vomitus

23. Signature H. X. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-9-41

VS 6

F 76236

391294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-a

F 76236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Clarinda Rd (If rural give location)
Clarinth Rd
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Warren Rosenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-34

8. AGE: Years 6 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Albert Rosenberg
13. Birthplace Russia

MOTHER 14. Maiden Name Rose Lurie
15. Birthplace Pa-

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (month) (day) (year)
(c) Cemetery or crematory Wash. Rd.
Location Jamesboro Md.

18 (a) Funeral director Jack Laura Inc.
(b) Address 1439 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Registrar for Baltimore, Md.

JAN 9 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 3 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 8 1941, and that I last saw him alive on Jan 8 1941.

Immediate cause of death: Myeloid Leukemia — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address J. H. H. Date signed 1-8-41

F 76237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-B

Registered No. F 76237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? V / years

3 (a) FULL NAME Louis Waitsman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Celia

6 (c) If alive, give age (6) years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 68 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county and state)

10. Usual Occupation: Retired Tailor

11. Industry or business: Tailoring

FATHER
12. Name: Louis Waitsman
13. Birthplace: Russia

MOTHER
14. Maiden Name: Mary
15. Birthplace: Russia

16 (a) Informant: Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-41 (month) (day) (year)
(c) Cemetery or crematory: Wash. Blvd
Location: Leonardtown Md.

18 (a) Funeral director: Saml Levin Inc
(b) Address: 1439 E. Balto St

19 (a) Jan 10 1941 (Date received by Registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-1941, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1940 to 1/8 1941, and that I last saw him alive on 1/8 1941.

Immediate cause of death: Hypertensive Cardio vascular Disease — Duration: 7

Due to: Hypertension Cerebral Hemorrhage

Due to:

Other Conditions: Senile Hypertrophy Prostate — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Arnold U. Freed, M.D.
Address: Sinai Hospital Date signed 1/8/41

76238 F 76238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N. Lakewood Ave. St. 7th Ward) 7-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Kolomazik. (Kolomaznik) If U. S. Veteran specify WAR NO

(a) Residence: No. 737 N. Lakewood Ave. St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kolomazik. (Kolomaznik)

c. DATE OF BIRTH (month, day, year) Mar. 2nd. 1864

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
76	77	10 11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kolomazik (Kolomaznik)

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Anna Kaplin.

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT William Kolomazik (Kolomaznik)
(Address) 737. N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem/ Date Jan. 11th, 19

19. UNDERTAKER Geo. M. Fink & Son
(Address) 811 N. Wolfe St.

20. FILED Huntington Williams, M.D.

JAN 9- 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7th. 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1940 to Jan 7 1941

I last saw him alive on Jan 7, 1941. Death is said to have occurred on the date stated above, at 4.30 P.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset
Arteriosclerotic Cv. Drs
Cardiac Hypertrophy

Other contributory causes of importance:
Cachexia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas B Marek M. D.
(Address) 801 N Luzerne Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F-76239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Dudley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City Baltimore
(c) City or town 3302 Dudley Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Antonie [Mrs.] Horinek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wenc. Horinek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1860

8. AGE: Years	Months	Days	If less than one day
80	9	28	7 hr. min.

9. Birthplace Straparic Austria
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Pipek
13. Birthplace

MOTHER
14. Maiden Name Barbara
15. Birthplace

16 (a) Informant Christina Horinek
(b) Address 3302 Dudley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Lovack & Son
(b) Address 900 N. Chester St.

19 (a) (Signature of Registrar) (b) Hunter for Williams, M.D. Registrar

Date rec'd JAN 3 1941 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1941, at 6.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Jan 7 1941.
and that I last saw her alive on Jan 7 1941.

Immediate cause of death	Duration
Hypostatic Pneumonia	Jan 5. 1941
Due to	
Due to Chr. Myocarditis	1/1/39
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams, M.D.

Address 801 N. Eutaw St. Date signed 1/8/41

F 76240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital Disp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 14 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Jean Betty Jean Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-19-39

8. AGE: Years 1 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Gaffney S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robt. Reed

13. Birthplace Gaffney S.C.

MOTHER 14. Maiden Name Edith Camp

15. Birthplace Gaffney - S.C.

16 (a) Informant Robert Reed

(b) Address 418 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-41 (month) (day) (year)

(c) Cemetery or crematory Md. Zion

Location

18 (a) Funeral director Mrs. Katie R. Wilkerson

(b) Address 322 N. Schroeder St

19 (a) Jan 9 1941 (Signature of local registrar) (b) Registered by Mrs. Hattie Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1941, to Jan. 7 1941, and that I last saw her alive on Jan. 7 1941.

Immediate cause of death Pneumonia — Duration

Due to Whooping Cough

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Graham M. D.

Address University Hosp Date signed 1-7-41

F 76241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

F 76241 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 744 N Fairmont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind (b) County
(c) City or town Gaelo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 744 Fairmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-3

3 (a) FULL NAME John Holland.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4128

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widower

6 (b) Name of husband or wife Gladys Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
51				

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Arch Holland
13. Birthplace Richmond Va

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Alice Pearl
(b) Address 744 Fairmont

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 JAN 9 - 1941 (Huntington Williams, M.D. Registrar)
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 12:01 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to Jan 8 1941, and that I last saw h alive on Jan 7 1941.

Immediate cause of death Coronary Thrombosis Heart

Due to Rheumatism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 939 W Fayette Date signed Jan 9/41

F 76242 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 76242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1511 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs Margaret A. Hoestop

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: not living

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1856

8. AGE: Years 84 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Hampstead, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown Meinch
13. Birthplace Hanover Germany

MOTHER
14. Maiden Name Elizabeth Weiland
15. Birthplace Pa

16 (a) Informant Mrs. Edith Allgood
(b) Address 1511 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 11 41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Bloch Jr.
(b) Address 4914 Belair Road

19 (a) JAN 9 1941 (b) Huntington Wilson Registrar
(Date received by Registrar) Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 8 1941 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 — 3 1941 to 1 — 8 1941, and that I last saw h[illegible] alive on 1 — 8 1941.

Immediate cause of death	Duration
(a) Lobar Pneumonia	
Due to (b) Acute Cardiac Decompensation	
Due to (c) Arteriosclerotic Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. S. Ewing
Address So. Balto. Gen. Hosp. Date signed 1-8-41 M. D.

76243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 76243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Hardin St. Arden Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Hardin St 2212 ARDEN Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES C. LANDIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-5210

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice Neff Landis

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1867

8. AGE: Years 73 | Months 4 | Days 53 | If less than one day ..... hr. ..... min.

9. Birthplace Fort Royal, Pa (Town, county, and state)

10. Usual Occupation Retired Freight Agent

11. Industry or business B & O R.R.

FATHER
12. Name Wm. H. Landis
13. Birthplace Juniata Co. Pa.

MOTHER
14. Maiden Name Mary Eckman Landis
15. Birthplace Juniata Co Pa.

16 (a) Informant Dr. Dwiston Landis
(b) Address 2212 Arden Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cem.
Location Cumberland, Md.

18 (a) Funeral director A. R. Slade
(b) Address 4907 York Rd., Balto, Md.

19 (a) JAN 9- 1941 (Date rec'd by registrar) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941, at 1a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 1-9-41

VS 6

76244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B Registered No. E 76244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. SHEPPARD-PRATT GROUNDS (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** John F. Shipley JOHN FRANKLIN SHIPLEY

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife HANNA M. SHIPLEY
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) AUG. 15, 1858

8. AGE: Years	Months	Days	If less than one day
82 93	4	24 2	3 hr. min.

9. Birthplace BALTO. Co., MARYLAND (Town, county, and state)
10. Usual Occupation FARM MANAGER
11. Industry or business SHEPPARD-PRATT GROUNDS

FATHER
12. Name OTHO T. SHIPLEY
13. Birthplace MARYLAND

MOTHER
14. Maiden Name CATHERINE MILES
15. Birthplace MARYLAND

16 (a) Informant MRS. HANNA M. SHIPLEY
(b) Address TOWSON, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory BOYANS PRESBYTERIAN
Location BOYANS, BALTO., MD.

18 (a) Funeral director John Bleam's Sons
(b) Address Towson, Md.

JAN 9 - 1941 (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1. 8. 1941, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12. 31. 1940 to 1. 8. 1941. and that I last saw him alive on 1. 8. 1941.

Immediate cause of death: Uremia — Duration 4 Days

Due to: Carcinoma of prostate — 2 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Carcinoma prostate with secondary involvement lymph nodes & liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. C. Hand M. D.
Address U. M. H. Date signed 1-8-41

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76245

Grant F - 1941 X V

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 76245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found in harbor at foot of Lawrence St. & Key Highway

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Franklin
(c) City or town Worthington R.D. (If outside city or town limits, write RURAL and give town)
Street No. 5514 N. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRED LAMBERT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 48 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory PUBLIC CEMETERY JAN 9 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accident
(b) Date of occurrence 12-21-40 24 hr
(c) Where did injury occur? in harbor at ft. of Lawrence St & Key Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury drowning
23. Signature H. L. Wallenmaier M.D. Asst Medical Examiner.
Date signed 12-21-40

VS 6

F 76246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 76246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. Johns Rd
(c) Hospital or institution: Mrs. Harris Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret White Scarff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas. R. Scarff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18-1860

8. AGE: Years 80 | Months 10 | Days 21 | If less than one day hr. min. 20

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Philip K. White
13. Birthplace Richmond, Va

MOTHER
14. Maiden Name Margaret Brainard
15. Birthplace Richmond Va

16 (a) Informant Mr. J. H. Scarff (son)
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Ebenezer or Greenlawn
Location Harford Co., Md

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 9 1941 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 46 19 , at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1927 to 1/8 1941.
and that I last saw her alive on 1/8/41 19

Immediate cause of death: Myocarditis Arterio-Sclerosis — Duration: Years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Woody M. D.
Address 1403 Eastern Date signed 1/9/41

F 76247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76247

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Bolton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) about 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W. Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Mr. Quoork Wan (QUOORK WAN)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: male | 5. Color or race: Chinese | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: wife in China

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) about 1878

8. AGE: Years: Abt 62 63 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace California (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business Tea

FATHER
12. Name Quoork Yea
13. Birthplace China

MOTHER
14. Maiden Name unknown
15. Birthplace China

16 (a) Informant Quoork Lung Cooley
(b) Address 207-W-Mulberry St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 11-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. F. Hooker Suc.) 106 W. North Avenue

19 (a) JAN 9 - 10A (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 7 1941, at 6:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1941, to 1-7 1941, and that I last saw h[illegible] alive on 1-7 1941.

Immediate cause of death: Uremia — Duration: 2 wks

Due to: Cardiac Failure

Due to: Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Parks M. D.
Address St Agnes Date signed 1/7

F 76248

F 76248

62427 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Forest Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1914

8. AGE: Years 26 yrs. Months 4 Days 8 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Jumper Jeweler

11. Industry or business

FATHER
12. Name William
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Nolan
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10th/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brayton Ave

19 (a) Date received by Local Registrar JAN 9 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7- 1941, at 3 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5- 1941 to 1-7- 1941 and that I last saw h[illegible] alive on 1-7- 1941.

Immediate cause of death: Cardiac Failure — Duration: ?

Due to: Rheum. Ht. Dis — Duration: ?

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Rheum Ht Dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-9-41

F 76249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

✓ F 76249 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloncr
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks 17
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Abell Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Annie Agnes Guinan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/12/1862

8. AGE: Years	Months	Days	If less than one day
78	11	25	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Edward Guinan

13. Birthplace Ireland

MOTHER 14. Maiden Name Honora McGrath

15. Birthplace Ireland

16 (a) Informant Mrs M Griffin

(b) Address 3027 Abell Ave

17 (a) (Burial, ~~cremation, removal~~) (b) Date thereof 1/10/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wm J Fitzpatrick & Son

(b) Address 3700 Eastern Ave

19 (a) JAN 9 - 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941 at 1 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1940 to Jan 7 1941, and that I last saw h[illegible] alive on 1/7/41 19

Immediate cause of death — Duration

Carcinoma of Breast — 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W. DeWheaton M. D.

Address 4303 York Rd Date signed 1/8/41

VS 3

F 76250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76250 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address 28 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

204

3 (a) FULL NAME MRS FRANCES ESTELLE LICKLE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOWED

6 (b) Name of husband or wife MR JOHN D. LICKLE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 4, 1855

8. AGE: Years	Months	Days	If less than one day
85	7	3	hr. min.

9. Birthplace WHITE STONE (LANCASTER CO) VIRGINIA
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name MR JOHN HARTWELL TREAKLE
13. Birthplace WHITESTONE (LANCASTER CO) VIRGINIA

MOTHER
14. Maiden Name JULIA ANN DUNTON
15. Birthplace WHITESTONE (LANCASTER CO) VIRGINIA

16 (a) Informant MRS NETTIE P. FOX
(b) Address 4808 EDMONDSON AVE.

17 (a) Burial (b) Date thereof Jan. 10/41.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Nitzpe
(b) Address 4401 Edmondson ave

JAN 9 1941 Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Jan 7 1941, and that I last saw her alive on Jan 7 1941.

Immediate cause of death Myocardial failure

	Duration
Due to Gen arteriosclerosis C.V. Ren	15 yrs
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address 24 N. Fulton Ave Date signed 1/8/41

76251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76251 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph D. Smith

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-01-9816

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alethia W. Whitlock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3 - 1887

8. AGE: Years	Months	Days	If less than one day
54		5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard F. Smith
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Richard Smith
(b) Address 2000 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11 / 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co.
Location North Ave. + Gay St.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) JAN 9 1941 (b) (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to Jan 8 1941, and that I last saw him alive on Jan 7 1941.

Immediate cause of death: Apoplexy (Cerebral Hemorrhage) — Duration: 5 days
Due to: Generalized Arteriosclerosis — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 1/9/41

76252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓ F 76252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary 1505
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2213 W Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CARRIE SCHUBERT

3 (b) If veteran, name war no
3 (c) Social Security Account No. no

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frederick Schubert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1878

8. AGE: Years 62 | Months 6 | Days 23 | If less than one day hr. min

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name William H Lenhart
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Maggie Schaefer
15. Birthplace Baltimore Md

16 (a) Informant Husband Frederick Schubert
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 11, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Avenue

19 JAN 9 – 1941 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 9:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Diabetic acidosis	
Due to Diabetes mellitus	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 1-8-41

VS 6

F 76253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131-a

F 76253

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1524 Carswell Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9-7

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County

City or town: Baltimore, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1524 Carswell Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lulu May Foster

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: J. Frank Foster

6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): January 29, 1871

8. AGE: Years	Months	Days	If less than one day
69	11	11	13 hrs. min.

9. Birthplace: Chestnut Level, Lancaster Co., Pa.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Samuel Trimble
13. Birthplace: Chestnut Level Pa.

MOTHER
14. Maiden name: Rachel Potts
15. Birthplace: Potter County, Pa.

16. Informant: Mrs. Frances R. Ford
Address: 5106 Hidewood Ave., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 12 1941
(month) (day) (year)

Cemetery or crematory: West Cunningham

Location: Colora Md.

18. Funeral director: E. T. Green

Address: Perry Hall

19. JAN 9-1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9 1941 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from January 1941 to January 9 1941 and that I last saw her alive on January 9 1941

Immediate cause of death: Arteriosclerotic Cardio Vascular Renal Disease & Hypertension — DURATION: 1934

Due to: Cerebral Hemorrhage — Jan 9, 1941

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Per Leon W. Edmondson M.D.
M. D. or other

Address: 2746 Adaweda — Date signed 1/9/41

76254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

76-a

Registered No. 76254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: Sydenham Hospital 9-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Glenarm, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. ..... (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Peter Campbell

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10/22/40

8. AGE: Years	Months	Days	If less than one day
	2	18	17 hr. ..... min.

9. Birthplace Glenarm, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business .....

FATHER

12. Name James Campbell

13. Birthplace Bedford, Va

MOTHER

14. Maiden Name Sambore Henderson

15. Birthplace Baltimore Md.

16 (a) Informant mother + father

(b) Address Glenarm, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Longreen Md.

18 (a) Funeral director Clarence E. Arthur

(b) Address Fork Md.

19 (a) JAN 9 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1940 to 1-9 1940, and that I last saw him alive on 1-9 1940.

Immediate cause of death Agranulocytosis — Duration ? 1 day

Due to Unknown

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Done — not report yet

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature Martha K. Rogers M. D.

Address Sydenham Hospital Date signed 1/9/41

VS 3

F 76255

76255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rosedale ave & Madeira St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna McComas

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-5477

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married

6 (b) Name of husband or wife George Carey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 1907

8. AGE: Years	Months	Days	If less than one day
33	4	25	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business

FATHER
12. Name Benjamin A Weaver
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nora Whitley Lee
15. Birthplace North Carolina

16 (a) Informant Deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1941 (month) (day) (year)
(c) Cemetery or crematory Hosp Harmony
Location Harford Co, Md

18 (a) Funeral director H S Bailey
(b) Address Darlington, Md

JAN 10 1941 (Date rec'd by registrar)
(b) Williams, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5- 1941, to 1-9- 1941, and that I last saw her alive on 1-9 1941.

Immediate cause of death

Bilateral Lobar Pneumonia
Due to acute Cardiac failure
Due to

Duration

Other Conditions Relaxed adhesions
s/p operation operation 1-6-41
(Include pregnancy within 3 months of death)

Major findings:
Of operations Relaxed adhesions
Retroflexion uterus Constipation
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fuller B Rutherford M. D.
Address Mt. Hope Hosp Date signed 1-9-41

VS 3

F 76256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 76256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Beaumont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss MARY ELIZABETH ANDREWS

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, ? 1875

8. AGE: Years	Months	Days	If less than one day
65 ?	2	19	hr. min.

9. Birthplace Carlisle, Penna. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Stewart Andrews
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Cannon
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director Gallion
(b) Address 1219 W. Fayette St.

19 (a) Date received by registrar JAN 10 1941 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941, at 7.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1940, to Jan 9 1941, and that I last saw her alive on Jan 9 1941.

Immediate cause of death	Duration
Cardiac failure	
Due to Subacute bacterial endocarditis	
Due to	
Other Conditions emphysema, arteriosclerosis hypertrophia arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Herbitt, Jr. M. D.
Address Union Memorial Hosp. Baltimore Date signed 1-9-41

F 76257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

Registered No. F 76257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Chapel Gate Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S. Chapel Gate Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee Lumpkin

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-01-0929

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Mary Lumpkin

6 (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) Oct 1st 1870

8. AGE: Years: about 70 | Months: 3 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: Foreman

11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: James Lumpkin
13. Birthplace: Richmond Va

MOTHER
14. Maiden Name: Mary Cottrell
15. Birthplace: Richmond Va.

16 (a) Informant: Mrs Gray Watson
(b) Address: 3029 Chesterfield Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/11/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lorraine
Location: Balto. Co. Md

18 (a) Funeral director: William Cook
(b) Address: 1217 E. Fayette St
(c) [illegible] Jos. McShane, M.D.

JAN 10 1941 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1941 to 1/7 1941, and that I last saw h[illegible] alive on 1/7 1941.

Immediate cause of death: Carcinoma of Colon - upper — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. H. Gundrum
Address 3400 E. Baltimore Date signed 1/9/41 M.D.

VS 3

F 76258

61714 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-4 Registered No. F 76258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 418 N. Carey Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

19-1

3 (a) FULL NAME Viola Keys

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26-1923

8. AGE: Years	Months	Days	If less than one day
17	4	13	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clarence

13. Birthplace ?

MOTHER 14. Maiden Name Dorothy Keys

15. Birthplace Balto.

16 (a) Informant Records

(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Peace

Location Balto. City

18 (a) Funeral director Samuel W. Chase & Son

(b) Address 638 N. Gilmor St.

19 (a) JAN 10 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1941, at 9 A M 25

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9- 1940, to 1-9- 1941, and that I last saw h alive on 1-9- 1941.

Immediate cause of death: Uraemia

Due to: Acidosis - Renal Insufficiency

Due to: ? Hypoparathyroidism

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

Duration
10 Days
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp Date signed 1-9-41 M. D.

F 76259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76259

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4months
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Myrtle Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Fletcher SOMERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida C. Selby
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 24, 1870

8. AGE: Years	Months	Days	If less than one day
70	6	14	..... hr. ..... min.

9. Birthplace Crisfield, Md.
(Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business Seaman

FATHER
12. Name Elijah Somers
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Mary Lankford
15. Birthplace Crisfield, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-41 (month) (day) (year)
(c) Cemetery or crematory Crisfield Md.
Location

18 (a) Funeral director C. S. Lawson
(b) Address crisfield md

19 (a) ..... (Signature of local registrar) (b) ..... Registered

JAN 10 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941, at 7:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8, 1940, to Jan. 9, 1941, and that I last saw him alive on Jan. 9, 1941.

Immediate cause of death	Duration
Uremia	4 mo.
Due to Benign hypertrophy of the prostate; tuberculosis of prostate	Unknown
Due to	
Other Conditions Pulmonary tuberculosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatectomy, suprapubic
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Fletcher Somers M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/10/41

F 76260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Stemmers Run (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Napoleon Cormier

3 (b) If veteran, name war
3 (c) Social Security Account No. 038-10-7942

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 1889

8. AGE: Years	Months	Days	If less than one day
53	2	8	hr. min.

9. Birthplace R.I. (Town, county, and state)
10. Usual Occupation Coal Inspector
11. Industry or business Steam Motors

FATHER
12. Name Paul Cormier
13. Birthplace Quebec

MOTHER
14. Maiden Name Mary Latalee
15. Birthplace Slatersville, R.I.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~
Location Pascoag, R.I.
18 (a) Funeral director John Caufield Sons
(b) Address 1900 Eutaw Place
19 (a) (Signature of local registrar) (b) Thursday Jan 9 1941

JAN 10 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1941 to Jan 9 1941 and that I last saw him alive on Jan 9 1941.

Immediate cause of death

	Duration
Acute Coronary Occlusion	Approx. 7 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M D Surgeon
Address Johns Hopkins Hospital Date signed 1/9/41

F 76261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D Registered No.

F 76261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Michael Alt.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Elizabeth Alt.
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 29 1866

8. AGE: Years	Months	Days	If less than one day
74	8	10/1	hr. min.

9. Birthplace Germany. (Town, county and state)
10. Usual Occupation Retired Shoe Maker
11. Industry or business —

FATHER
12. Name Jacob Alt.
13. Birthplace Germany.

MOTHER
14. Maiden Name Not known
15. Birthplace ? Germany

16 (a) Informant Elizabeth Alt. (wife)
(b) Address 1234 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13th 41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Cem. Co.

18 (a) Funeral director Bernard C. Hahn
(b) Address 121 E West St.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9th 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12/1936 19__, to 1/9 1941, and that I last saw h[e] alive on 1/9 1941.

Immediate cause of death	Duration
Chronic Endocarditis	2 yrs
Due to Hypertension Arterial	1 yrs
Due to Arterio Sclerosis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Front

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Wheeler M. D.
Address 127 S Fulham St Date signed 1/9/41

F 76262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Parkington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 → 3
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Thomas Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR H. HERBST

3 (b) If veteran, name war — W
3 (c) Social Security Account No. — NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Bessie L.
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1871

8. AGE: Years 69 | Months 10 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Glen Rock, Pa. (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business Box

FATHER
12. Name William
13. Birthplace Glen Rock, Pa.

MOTHER
14. Maiden Name Matilda Grove
15. Birthplace Pa

16 (a) Informant Bessie L Herbst
(b) Address 1726 Thomas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

JAN 10 1941 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 5:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-9-41

F 76263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 76263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 E. Monument st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E. Monument st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam J. Kreimer

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary E. Kreimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1858

8. AGE: Years	Months	Days	If less than one day
82	0	20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Poultry Business

FATHER
12. Name John L Kreimer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mary E. Kreimer
(b) Address 101 E. Monument St.

17 (a) Burial (b) Date thereof 1/13/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(a) (b)
(Date rec'd by registrar) Registrar

JAN 10 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9th 1941, at 11:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 19 , to Jan 9 1941.
and that I last saw h~~im~~er alive on Jan 9th 1941.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph J Nuzum M. D.
Address 107 Bellevue Date signed 1/10/41

Jos. J. Nuzum, M.D.

F 76264

Uzmed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-2

F 76264 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Homestead St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Anna Uzzell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Anthony Uzzell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Abt 1871
8. AGE: Years 69 | Months 9 | Days | If less than one day: hr. min.
9. Birthplace: Lithuania (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business:

FATHER
12. Name: Caspar Yoiches
13. Birthplace: Lithuania

MOTHER
14. Maiden Name: Sparla Valatar
15. Birthplace: Lithuania

16 (a) Informant: Mrs Anna Scarff
(b) Address: 1328 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 11, 1944 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet Cem
Location: Mt Carmel Rd

18 (a) Funeral director: Hamburger & Goos
(b) Address: Benson, Md.

19 (a) 1944 (Date filed by registrar) (b) Number on Certificate: 8

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 7 1944, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944, to Jan 7 1944, and that I last saw h-er alive on Jan 7 1944.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: O'Leary M. D.
Address 701 Cathedral Date signed

F 76265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-M

F 76265 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Esplanade Apts. Eutaw Place & Brooks Lane.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. 321 Eutaw Place & Brooks Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB GOMPRECHT.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha B. Gomprecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1867

8. AGE: Years	Months	Days	If less than one day
73	4	19 20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Furniture Store Prop.
11. Industry or business

FATHER
12. Name Bernard Gomprecht,
13. Birthplace Austria.

MOTHER
14. Maiden Name Sophie Rosenthal,
15. Birthplace Austria.

16 (a) Informant Mrs. Bertha B. Gomprecht,
(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/41. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director David Lemmelman's Son
(b) Address 1902 Eutaw Place.

19 (a) JAN 10 1941 (Registered by city registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9th. 1941, at 12-05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1940, to Jan 9 1941, and that I last saw him alive on Jan 9 1941.

Immediate cause of death	Duration
Uraemic Coma	4 days
Due to Chronic Interstitial Nephritis	2 years
Due to Senile arteriosclerosis	5 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett F. Magee M. D.
Address Esplanade Apts. Date signed 1/9/41

VE 8

3

F 76266

38745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 76266

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Linden Ave Ext. 701 Lake Drive
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Adler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-77

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	8			

9. Birthplace Maryland - Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Adler
13. Birthplace Germany

MOTHER 14. Maiden Name Carolyn Frank
15. Birthplace Md

16 (a) Informant Reards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/10/41. (month) (day) (year)
(c) ~~Cemetery~~ or crematory Fort Lincoln
Location Bladensburg, Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 902 Eutaw Place

19 JAN 10 1941 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 6 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940, to Jan 8 1941, and that I last saw her alive on Jan 8 1941.

Immediate cause of death Carcinomatosis

Due to Adeno carcinoma of Right Breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
?
?
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M P Sweeney M.D.
Address Johns Hopkins Hospital Date signed 1/8/41

76267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76267

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Poplar Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15 1

3 (a) FULL NAME John A. Stamp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Catherine Louise Stamp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June-16-1858

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	6	22		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Stamp.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Hagner.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Amelia Price
(b) Address 3032 Poplar Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) Date received by Registrar JAN 10 1941 (b) Hunter Jay Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1941 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-1941 to 1-8-1941 and that I last saw him alive on 1-8-1941.

Immediate cause of death	Duration
Cerebral Thrombosis	3 days
Due to Arteriosclerotic C.V.D.	15 yrs
Due to	
Other Conditions Pulmonary Edema.	2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W.C. Livingood M.D.
Address Mercy Hospital Date signed 1-8-41

F 76268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 76268 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 W. North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

5 4

3 (a) FULL NAME CHARLES R. BLATCHLEY

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-05-8443

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alice Wells Blatchley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1886

8. AGE: Years 54 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Park Circle Motor Co.

FATHER
12. Name Robert E. Blatchley
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Henry
15. Birthplace Baltimore County, Maryland

16 (a) Informant Mrs. Alice W. Blatchley
(b) Address 2210 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

JAN 10 1941 (b) (Date rec'd by Registrar) Registered No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1941, at 9:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1939, to 1/7/ 1941, and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary Occlusion	3 Mos
Due to Arteriosclerosis.	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Dr. Fred Brough M. D.
Address 2923 St Paul St Date signed 1/9/41

F 76269 ✓ F 76269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

3 (a) FULL NAME ROBERT EDISON McKAY

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-4872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife M. Elizabeth Seipp
6 (c) If alive, give age 48? years

7. Birth date of deceased (mo., day, yr.) Feb. 11. 1887

8. AGE: Years	Months	Days	If less than one day
53	10	26	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Cutter, Shirts & Dresses
11. Industry or business

FATHER
12. Name John McKay
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Murphy
15. Birthplace Danish West Indies

16 (a) Informant Mrs. Elizabeth McKay (Wife
(b) Address 1532 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10. 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) ..... (b) Hunter for Williams, M.D. Registrar

JAN 10 1941 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7. 1941 19 7 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28, 1940 to Jan 7, 1941, and that I last saw him alive on 1-6- 1941.

Immediate cause of death: Coronary occlusion — Duration: 2 years.
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Geo. B. Hyland M. D.
Address 2807 Harford Rd Date signed 1-9-41

F 76270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 76270 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Ba (If outside city or town limits, write RURAL and give town)
27-8 (d) Street No. 600 St Dunstans Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William McD. Collison

3 (b) If veteran, name war	3 (c) Social Security Account No. 212-10-0670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maude Helen Collison
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Oct 16 1884
8. AGE: Years 56 Months 2 Days 23 If less than 1 day hr. min.
9. Birthplace Talbot Co. Md. (Town, county, and state)
10. Usual Occupation Wire Chief
11. Industry or business C & P. Telephone Co.

FATHER
12. Name Jos A. Collison
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McDaniel
15. Birthplace Md.

16 (a) Informant Maude Helen Collison
(b) Address 600 St. Dunstans Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location
18 (a) Funeral director Chas. H. Grandstaff Inc.
(b) Address 1 So. Mt. Royal Ave
19 JAN 10 1941 (Date received by registrar) (b) Huntington Williamson, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1941, at 11:28 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11/24/1940 to 1/9/1941, and that I last saw him alive on 1/9/1941.

Immediate cause of death: Cardiac Insufficiency — Duration

Due to: Hypertensive cardio-vascular disease

Due to: Cerebral hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 1/9/41

F 76271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 76271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife John Solon Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1861

8. AGE: Years	Months	Days	If less than one day
79	5	23	hr. min.

9. Birthplace Chestertown Md.
(Town, county and state)
10. Usual Occupation Housekeeper.
11. Industry or business

FATHER
12. Name John Parsons
13. Birthplace Chestertown Md.

MOTHER
14. Maiden Name Deborah Arnold
15. Birthplace Chestertown Md.

16 (a) Informant Frank Bowers
(b) Address 2909 Tyndale Ave. - Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory New Freedom
Location New Freedom, Pa.

18 (a) Funeral director Elmwood & Donovan
(b) Address 36 S. 17 Chestnut Ave.

19 (a) JAN 10 1941 (Date received by Registrar) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1941 at 1:18 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1940. to Jan 10 1941.
and that I last saw h or alive on Jan. 10 1941.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular disease. with Terminal myocardial failure.	one month
Due to Anuria	
Due to Chronic nephritis	one month.
Other Conditions Cerebral arteriosclerosis 1 yr. and Anuria. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Kendrick Wallace M. D.
Address 2839 Walbrook Ave. Date signed Jan. 11, 1941

F 76272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 76272

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs. 35 min.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2614 Puget St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Simpson

Birth Cert # F 20599.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-40

8. AGE: Years | Months | Days | If less than one day 4 hr. 35 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Therman Simpson

13. Birthplace Va.

MOTHER

14. Maiden Name Lucille Dickson

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/9/41 (month) (day) (year)

(c) Cemetery or crematory Crematory

Location Balto. City Hosp.

18 (a) Funeral director

(b) Address

19 (a) JAN 10 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.24 1940, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940, to 12-24 1940, and that I last saw him alive on 12-24 1940.

Immediate cause of death Prematurity — Duration 4½ hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Campbell Gordon M.D.

Address B. C. Hosp. Date signed 12/26/40

VS 3

F 76273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a 76273 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 E 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E 22nd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bruno Nagorowski

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Maryanna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
80	-		hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name No history
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Wanda Clapp
(b) Address 10 E 22nd St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore
18 (a) Funeral director Fred W Czaczurski
(b) Address 1900 Eastern Ave.
19 (a) JAN 10 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Address 2529 Eastern Ave Date signed 1/8/41

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1941, at 4 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1941 to Jan. 9, 1941, and that I last saw him alive on Jan. 9, 1941

Immediate cause of death	Duration
Coronary Sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Huntington Williams, M.D.

VS 3

F 76274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 76274

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 W Mulberry
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 W Mulberry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie V. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62	—	—	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Md

16 (a) Informant John Devonsey
(b) Address 1119 W. Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a.co. Md

18 (a) Funeral director James A Garey
(b) Address 1422 W Fayette St

19 (a) Registered by registrar Hunter Williams, M.D. Registrar

JAN 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 8 1941, and that I last saw her alive on Jan 6 1941.

Immediate cause of death Cerebral hemorrhage — Duration 6 dys

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Date signed Jan 10, 41 M. D.

F 76275 ✓ F 76275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4608 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Clinton Macsherry M.D. ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annam Hiestev
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1851

8. AGE: Years	Months	Days	If less than one day
89	4	9	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Doctor (retired)
11. Industry or business

FATHER
12. Name Richard McSherry
13. Birthplace Martinsburg W. Va

MOTHER
14. Maiden Name Catherine Somerville Wilson
15. Birthplace Baltimore - Md.

16 (a) Informant Clinton T. Macsherry
(b) Address 6 Merryman Court

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1 11 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave Balto

18 (a) Funeral director Kenny M. Jenkins Sons
(b) Address McCulloh & Orchard

19 (a) JAN 10 1941 (b) Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941 8-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 7. 1941. to Jan 9. 1941. and that I last saw h. alive on Jan 9. 1941.

Immediate cause of death Bronchial Pneumonia — Duration one day
Acute Pulmonary Edema
Due to
Due to
Other Conditions Irreducible Inguinal Hernia for 12 hours
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature M. Gibson Porter M. D.
Address 4622 Roland Ave Date signed 1/10/41

F 76276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76276

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1730 Bell

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1730 Bell Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar E Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-5597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Zetta Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1893

8. AGE: Years	Months	Days	If less than one day
47	2	16	hr. min.

9. Birthplace Baltimore Md (town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edgar Jackson

13. Birthplace Md

MOTHER 14. Maiden Name Lucia Pinkett

15. Birthplace Md

16 (a) Informant Zetta Jackson

(b) Address 1730 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hensley

(b) Address 578 N. Biddle St.

19 (a) 1941 (Date rec'd by registrar) (b) Hensley for Wilkinson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941, at 9 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to Jan 8 1941, and that I last saw him alive on Jan 8 1941.

Immediate cause of death Myocarditis

Duration 6 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 730 N Broadway Date signed Jan 9 41

F 76277 60780 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76277

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Brantley Avenue
(If rural give location)
(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Grace Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Addison Banks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871-72 ?

8. AGE: Years 68 ? | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George McCulloh
13. Birthplace ?

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E Levy O Wilson
(b) Address 1000 Brantley Ave

19 (Date rec'd by registrar) (Registrar)

VS 41

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-1941 at 12 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8-1940 to 1-7-1941, and that I last saw h-r alive on 1-7-1941.

Immediate cause of death: Cardiac failure — Duration: ?

Due to Hypertensive CVD — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J McCaughtelter

Address Balto City Hosp Date signed 1-8-41

Spec.—9-30—A. & Co.—250 Bks.

76278

HEALTH DEPARTMENT—CITY OF BALTIMORE

76278

CERTIFICATE OF DEATH

183-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1432 Orenstmo St 15-1 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Madora Wicks

(a) RESIDENCE No. 1432 Orenstman St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem.	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Wicks

6 DATE OF BIRTH (month, day, and year) 11/14/1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cecilia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Reid
(Address) 1432 Orenstman St

Filed JAN 10 1941, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-41

17

I HEREBY CERTIFY, That I attended deceased from 12-26-, 1940, to 1-7-, 1941

that I last saw her alive on 1-7-, 1941

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) L. H. Lawrence M. D.

19 (Address) 1338 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 1/11 1941

20 UNDERTAKER Wm. J. Kelson — ADDRESS 1303 Pennsylvania Ave

No. 8.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 76279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 76279

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1138 W Lalcoat st
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 W Lalcoat st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Tongue

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0618

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1904

8. AGE: Years 37 | Months 7 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Tongue
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marie Jones
15. Birthplace Lancaster Va.

16 (a) Informant Marie Tongue Mother
(b) Address 1138 W Lalcoat st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Douglas Memorial
Location Church & Alexander

18 (a) Funeral director Catonsville Balto Co. Md.
(b) Address 927 N. Mount st.

19 (a) JAN 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilitic aortic with aortic insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Handelgraft Medical Examiner. M.D.

Date signed 1/7/41

76280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 76280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Carrie St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Carrie St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 – 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
40	9	3		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Louis Smith
13. Birthplace Balto – Md.

MOTHER
14. Maiden Name Susy Powell
15. Birthplace Md.

16 (a) Informant James Smith
(b) Address 309 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St
Attending for Williams, M.F.

19 (a) JAN 10 1941 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941, at 2:10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Syphilitic aortitis with Aortic insufficiency — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Davenport M.D.
Medical Examiner

Date signed 1/11/41

F 76281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113-B F 76281 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 91 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Barre St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willisa Green (59931)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Grandil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1912

8. AGE: Years	Months	Days	If less than one day
28	4	23	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Griffin
13. Birthplace Md.

MOTHER
14. Maiden Name Lutishe German
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brownlow
(b) Address 108 W Montgomery St

19 (a) (Date received by Registrar) (b) Registrar's No.

JAN 10 1941 VS 2

MEDICAL CERTIFICATION A.

20. DATE OF DEATH January 9, 1941, at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1940, to Jan. 9, 1941, and that I last saw her alive on Jan. 9, 1941.

Immediate cause of death Pulmonary tuberculosis — Duration July 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 1-9-41

76282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76282 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 873 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 873 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Gamble

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Neeta Gamble
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) June 27, 1894

8. AGE: Years	Months	Days	If less than one day
66	6	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business for Baltimore City

FATHER
12. Name Charles Gamble
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Carrigan
15. Birthplace Ireland.

16 (a) Informant Mrs Neeta Gamble.
(b) Address 873 W. Fayette St.
17 (a) burial (b) Date thereof 1/11/1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.
18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Gilmor Street.
19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1941, at 6 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1940 to Jan 8 1941, and that I last saw h[illegible] alive on Jan 8 1941.

	Duration
Immediate cause of death: Acute myocardial failure	1 day
Due to: Gen arteriosclerosis	10 yrs
Due to:	
Other Conditions: Auricular fibrillation, Myocarditis	3 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John F. Coolahan M. D.
Address 24 N. Fulton Ave Date signed 1/9/41

F 76283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a

F 76283 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 823 N. Charles.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Gentry

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband or wife Leonard T. Gentry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1870

8. AGE: Years	Months	Days	If less than one day
70	11		hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Wm. McDonald
13. Birthplace Md

MOTHER
14. Maiden Name M. Budget A. Gallagher
15. Birthplace Baltimore Md

16 (a) Informant Leonard T. Gentry
(b) Address 823 N. Charles st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director John A. Morgan.
(b) Address 308 E Baltimore st

19 (a) Date received JAN 10 1941 (b) Registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1941 at 6 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941 to Jan 8 1941 and that I last saw her alive on Jan 7 1941.

	Duration
Immediate cause of death	
Acute Nephritis	10 days
Due to Chronic Infected Gallbladder	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Horace B Titlow M. D.
Address 315 S. Highland Ave Date signed Jan 9 1941

76284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 76284 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Pleasantville (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lovina Stowell Catherine Elizabeth Stowell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife John G. Stowell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1850

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	5	15		

9. Birthplace Mays Landing, N. J. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business Own home

FATHER
12. Name Charles H. Wolbert
13. Birthplace Mays Landing N. J.

MOTHER
14. Maiden Name Sarah Wolbert
15. Birthplace Mays Landing, N. J.

16 (a) Informant Lucas J. Stowell Son
(b) Address 292 E Northern Parkway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 19 1941 (month) (day) (year)
(c) Cemetery or crematory Pleasantville
Location Pleasantville, N. J.

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Road

19 JAN 10 1941 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1941, at 8:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1941, to 1-9 1941, and that I last saw h[illegible] alive on 1-9 1941.

Immediate cause of death: Congestive heart failure — Duration: 1 week
Due to: arteriosclerotic heart disease
Due to:
Other Conditions: Bronchopneumonia — 4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hans Helmerson M. D.
Address St. Joseph's Hosp. Date signed 1-9-40

VS 3

76285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 122-B E 76285 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore Annex (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Register Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Henrietta L. Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
69 68	0	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr. Isaac Cox
13. Birthplace Maryland

MOTHER
14. Maiden Name Miss Wilson
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Maryland Genl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave

18 (a) Funeral director Harry H. Withe
(b) Address 4101 Edmondson Ave

19 (a) JAN 10 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4:10 PM 1/8 1941, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1941 to 1/8 1941.
and that I last saw h[illegible] alive on 1/8 1941.

Immediate cause of death Intestinal Obstruction —
Cause undetermined — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Distended caecum; resection done
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp. Date signed 1/8/40

VS 3

76286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 76286 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Westwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Westwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Charles C. Leithauser

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary C Leithauser
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28-1868

8. AGE: Years 72 | Months 11 | Days 10/11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Retired Ice Dealer

11. Industry or business Ice Industry

FATHER
12. Name Charles C. Leithauser
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Marie Groh
15. Birthplace Germany.

16 (a) Informant Mrs. Anna M. Bienek
(b) Address 3104 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Maurice Cook Leyber
(b) Address 1600 N. North Ave.

19 (a) Huntington (Date rec'd by registrar) Registrar

JAN 10 1941

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1941 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 8 1941, and that I last saw h in alive on Jan 8 1941.

Immediate cause of death: Coronary Thrombosis. — Duration: —

Due to: Angina Pectoris. — Duration: 1 week

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Kirkpatrick M.D.

Address 806 Fulton Ave Date signed Jan 9 1941

76287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. E 76287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fildwood + Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Paca Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Lautenklos

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Lottie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 30 1867

8. AGE: Years	Months	Days	If less than one day
73	3	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Peter Lautenklos
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Barbara Rommel
15. Birthplace Baltimore County

16 (a) Informant City Welfare
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 11 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location City of Baltimore

18 (a) Funeral director Mrs. Mary Weber
(b) Address 408 S. Chester Street Huntingtown Williams, Md.

JAN 10 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941 to Jan 7 1941, and that I last saw him alive on Jan 7 1941.

Immediate cause of death Uremia Acidosis — Duration over

Due to

Due to Unknown.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Bonagra
Address University Hospital Date signed 1/9/41

76288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76288
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1100~~ 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1428 ds.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Frank Rodetski (Kradecki) 19646

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1873

8. AGE: Years	Months	Days	If less than one day
Cbt 67			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/41 (month) (day) (year)
(c) Cemetery or crematory Sand Hunt Lane
Location Sinai Hill Rd - Balto Co - Md

18 (a) Funeral director John J. Feeley & Sons
(b) Address 1312 Druid Hill Ave

19 (a) JAN 10 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1940, to Jan. 4, 1941, and that I last saw h alive on 19

Immediate cause of death	Duration
Pulmonary tuberculosis	Autopsy
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Balto. City Hospitals Date signed 1-6-41

76289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 76289 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Elliot City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Nine Mile Hill
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Thomas French

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Loretta French.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 71 | Months — | Days — | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None. Farmer
11. Industry or business None. Retired.

MOTHER / FATHER
12. Name Thomas French.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Not known.
15. Birthplace Ireland

16 (a) Informant Hoshi Reeside
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Easton Sons
(b) Address Elliot City

19 JAN 10 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8. 1941, at 9 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1941, to Jan 8 1941, and that I last saw him alive on Jan. 8. 1941.

Immediate cause of death	Duration
Pelvic peritonitis.	
Due to Carcinoma of urinary bladder	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of urinary bladder.
Of autopsy Carcinoma urin. bladder.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray L Johnson M. D.
Address Union Memorial Hosp. Date signed 1-9-41

76290 HEALTH DEPARTMENT—CITY OF BALTIMORE 76290

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Hudson St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Appolonica Stricker

If U. S. Veteran specify WAR .....

(a) Residence: No. 3601 Hudson St. St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabastina Stricker

6. DATE OF BIRTH (month, day, year) May 27. 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77.	7.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Stricker

(Address) 3601 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan. 11 1941.

19. UNDERTAKER Wendell J. Huppel

(Address) 352 S. Highland Ave.

20. JAN 10 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1941.

22. I HEREBY CERTIFY, That I attended deceased from 12/19/38, 1938, to 1/8, 1941

I last saw her alive on 1/8, 1941. Death is said to have occurred on the date stated above, at 7:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis (Primary Lesion unknown but probably stomach)	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. N. Gaskell M. D.

(Address) 637 S. Conkling St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

76291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. E 76291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5th & Prince George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Julian C. White

3 (b) If veteran, name war | 3 (c) Social Security Account No. 705-05-7478

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Minnie May White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865.

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Claim Investigator

11. Industry or business

FATHER 12. Name Robert E White

13. Birthplace Md.

MOTHER 14. Maiden Name Josephine Phelps

15. Birthplace Md

16 (a) Informant Hospital Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 1941. (month) (day) (year)
(c) Cemetery or crematory Dry Hill Cemetery.
Location Laurel, Md.

18 (a) Funeral director H. C. White Co.
(b) Address Laurel, Md.

19 (a) Date received by registrar JAN 11 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/41 19 . at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1941, to Jan. 10 1941 and that I last saw h was alive on Jan 10 19 41.

Immediate cause of death	Duration
Uremia.	
Due to nephritis.	over
Due to	
Other Conditions Bronchial asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry A Brack M. D.
Address University Hospital Date signed 1-10-41

F 76292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-D Registered No. F 76292

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 South Bond Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 South Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Mary Drozd

3 (b) If veteran, name war ----- | 3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/86

8. AGE: Years	Months	Days	If less than one day
54	1	4	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Rok
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth Popa
15. Birthplace Poland

16 (a) Informant Mrs. Anna Yarmolow (Daughter)
(b) Address 1232 Jefferson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Baltimore, Md.

18 (a) Funeral director Geo. A. Weber
(b) Address 705 South Ann Street

19 (a) (Date rec'd by registrar) (b) Huntington Willia[illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10th 1941, at 12 05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1940 to Jan. 10 1941, and that I last saw him alive on Jan 9th 1941.

Immediate cause of death: Chronic Nephritis / Uremia (Renal Arteriosclerosis) / Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chadbourne Hunkwood M.D.
Address 2579 Eastern Ave. Date signed 1/16/41

1/16/41

8 3

Dr. Shelley - please fill out the place of Death ✓ F 76293

76293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 S. Dukeland st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 2510 Talbot Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KEITH MUIR

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-09-9494

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Teenie M. Muir

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1894

8. AGE: Years 46 | Months 10 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Chicago, Illinois (Town, county, and state)

10. Usual Occupation Plant Superintendent

11. Industry or business Corkran Hill & Company

FATHER
12. Name Thomas Muir
13. Birthplace Scotland

MOTHER
14. Maiden Name Annie Mowatt
15. Birthplace Scotland

16 (a) Informant Mrs. Teenie Muir
(b) Address 2510 Talbot Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 10 | 41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Avenues

19 (a) 1/10/41 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1938 to Jan 9 1941, and that I last saw h[illegible] alive on 1/9 1941.

Immediate cause of death: Coronary thrombosis — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry P Shelley M. D.

Address 8 E. Madison st Date signed 1/10/41

76294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B ✓ F 76294 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fill correct age as especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Chesley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Chesley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE D. HATCH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife B. F. Hatch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1888

8. AGE: Years	Months	Days	If less than one day
52	9	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Brunnett
13. Birthplace France

MOTHER
14. Maiden Name Dora Raphorn
15. Birthplace Unknown

16 (a) Informant Mr. Benj. Hatch
(b) Address 4015 Chesley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.
18 (a) Funeral director Lavenham Funeral Home
(b) Address 7401 Belair Road

19 (a) 1/17/1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10th 1941, at 4:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13 1937 to Jan 10 1941, and that I last saw her alive on Jan 9 19

Immediate cause of death	Duration
Cardiac Failure	
Due to Chronic Nephritis	
Due to Nephritis, chronic	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Hatch M. D.
Address 1132 Eutaw St Date signed 1-10-41

VS 3

76295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76295 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Raspeburg Md.
(If outside city or town limits, write RURAL and give town)
Street No. Kenwood Ave Raspeburg Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Barbara E Elligson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William P. Elligson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10th 1885

8. AGE: Years	Months	Days	If less than one day
55	2	0	hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation At Home / Housewife
11. Industry or business

FATHER
12. Name William Lightner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Shiffer
15. Birthplace Unknown

16 (a) Informant William P. Elligson
(b) Address Raspeburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

JAN 11 1941 (Date rec'd by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to Jan 10 1941, and that I last saw h[illegible] alive on Jan 6 1941.

Immediate cause of death Carcinoma of Sigmoid — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Baer M. D.
Address St Josephs Hosp Date signed Jan 10 1941

76296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓ Registered No. E 76296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 1614 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADA ROBERTS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ——————————
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	23	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Roberts
13. Birthplace Calvert County, Maryland

MOTHER
14. Maiden Name Sarah Catherine Eversfield
15. Birthplace Prince George's Co., Md.

16 (a) Informant Mrs. J. M. Dilworth
(b) Address 3306 Windsor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JAN 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1941, at 2:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 11 - 1920 to Jany 10 1941. and that I last saw ~~him~~ her alive on Jany 10 - 1941.

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to Chronic Myocardial disease	? years
Due to Arteriosclerosis	? years
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas W. Lawes M. D.
Address 132 Park Ave Date signed Jany 10, 41

VS 3

Howard J. Madden M. D. See over →

7891378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 76297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 W. Saratoga (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Priscilla Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-97

8. AGE: Years	Months	Days	If less than one day
43	5	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic Housework

11. Industry or business

FATHER 12. Name George Monroe
13. Birthplace Md.

MOTHER 14. Maiden Name Annie Biscoe
15. Birthplace JOHNS HOPKINS HOSPITAL

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 · 12 · 41 (month) (day) (year)
(c) Cemetery or crematory MAGOTHY CEMETRY
Location ANNAPOLIS COUNTY - Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Pemba ave

19 (a) Date received JAN 11 1941 (Registrar) (b) Huntington Williamsburg, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 10 1941, at 305 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 9 1941, to JAN 10 1941, and that I last saw h CR alive on JAN 10 1941.

Immediate cause of death Lobar pneumonia rt. lower lobe. — Duration 5 days.

Due to Pneumococcus, Type I.

Due to

Other Conditions Acute fibrinous pleurisy (rt. side)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address J H H. Date signed 1-10-41 D.

76298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C ✓ F 76298 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 21-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Wyett St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2943

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Mary L.

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 12-22-1913

8. AGE: Years	Months	Days	If less than one day
27	-	17	hr. min.

9. Birthplace Va. to Md (Town, county, and state)
10. Usual Occupation Saw Operator
11. Industry or business Furniture

FATHER
12. Name William F. Schultz
13. Birthplace Md

MOTHER
14. Maiden Name Mary A. Sutton
15. Birthplace Md.

16 (a) Informant Mary L. Sutton
(b) Address 404 S. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem Co
Location

18 (a) Funeral director Leonard J. Roche
(b) Address 5305 Harford Rd.

19 (a) JAN 11 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1941, at 12:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/9/41
(c) Where did injury occur? Hall & Pratt Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Pulley struck - run over by trailer truck

23. Signature H. W. Wanderstock M.D. (Medical Examiner)
Date signed 1/10/41

VS 6

F 76299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 ✓ Registered No. F 76299

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME David Boone

3 (b) If veteran, name war: W W

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1894

8. AGE: Years	Months	Days	If less than one day
46	2	11	hr. min.

9. Birthplace Aquasco Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Robert Boone

13. Birthplace Md

MOTHER 14. Maiden Name Milly Butler

15. Birthplace Md

16 (a) Informant Cornelia Oden

(b) Address 510 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)

(c) Cemetery or crematory National

Location —

18 (a) Funeral director Thos. E. Kelson

(b) Address 1323 Pressman St

19 JAN 11 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1941, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1941, to 1-7 1941, and that I last saw him alive on 1-7 1941

Immediate cause of death: Post Traumatic Epilepsy — Duration: 2 yrs

Due to: Old Fracture of Skull

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Struck in head, Fatal
(b) Date of occurrence Two or 3 years ago
(c) Where did injury occur? 500 N. Vincent Rd Peoria, Ill
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Near Home While at work? no
(Specify type of place)
(e) Means of injury Fractured Skull

23. Signature Franklin Culpepper M. D.

Address 517 Lexington Date signed 1/10/41

Dr. N. J. Maddox per W. B. Stafford

F 76300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27 - 2 F 76300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Peach St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Green Birth # F 15950

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: Child

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1940

8. AGE: Years | Months: 4 | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business none

FATHER
12. Name John Green
13. Birthplace Louisianna

MOTHER
14. Maiden Name Mildred Thomas
15. Birthplace Maryland

16 (a) Informant Mildred Thomas
(b) Address 904 Peach St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 11 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 108 W Montgomery St

19 (a) JAN 11 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-41 19 , at 12:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9-41 19 , to 1-10-41 19 , and that I last saw h.er alive on 1-9-41 19 .

Immediate cause of death: Cardio-respiratory failure — Duration: one

Due to: Fulminating dysentery

Due to:

Other Conditions: Dehydration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Graham M. D.
Address University Hosp Date signed 1-10-41

F 76301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 N Wallen St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N Wallen (If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Elizabeth Williamson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1876

8. AGE: Years 64 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name Horace Williamson
13. Birthplace S.C.

MOTHER
14. Maiden Name Flora Baker
15. Birthplace S.C.

16 (a) Informant Hannah E. Hankins
(b) Address 515 N Wallen St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 41 (month) (day) (year)
(c) Cemetery or crematory MD Calvary Cem.
Location A.A. County

18 (a) Funeral director Mrs R. Elliott & Daughter
(b) Address 1129 N Mayo Ave

19 (a) JAN 11 1941 (Date rec'd by registrar) Huntington Mihaddle, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941 at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov ? 1940 to Jan 9 1941 and that I last saw h[illegible] alive on Jan 8 1941.

Immediate cause of death Gangrene foot Lt. (Generalized Sclerosis) Diabetes Mellitus — Duration 1 Mo.

Due to —

Due to —

Other Conditions Nephritis Hypertensive and Arterio Sclerosis — Nov 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph E. Yarnall, M.D.
Address 1424 E Monument Date signed 1/10/41

VS 2

F 76302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P

F 76302 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3124-Harford Rd.

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days) 50-Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3124-Harford Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 50-yrs years

3 (a) FULL NAME Charles Stetka

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-10-1522

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jennie(Zaras)

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) 11/23/1872

8. AGE: Years 68 | Months 1 | Days 16 | If less than one day: --hr. ------min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Pattern Maker

11. Industry or business

FATHER

12. Name John Stetka

13. Birthplace Czechoslovakia

MOTHER

14. Maiden Name Mary ?

15. Birthplace Czechoslovakia

16 (a) Informant Joseph F. Stetka

(b) Address 3124-Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)

(c) Cemetery or crematory Oak Hill Cemetery

Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735-Harford Rd. Baltimore, Md.

JAN 11 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Jan 9 1941 and that I last saw h[illegible] alive on Jan 9 1941

Immediate cause of death: Trauma — Duration 1/9/41

Due to:

Due to Chronic Nephritis — Duration Oct. 1941

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature William J. Bauer M. D.

Address 801 N. Kenwood Ave. Date signed 1/11/41

F 76303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-D

Registered No. F 76303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1450 Covington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 Covington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah Jane Sheaver (Nee Fair)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Ely Sheaver

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 14. 1869

8. AGE: Years 71 | Months 5 | Days 25 | If less than one day: hr. ____ min.

9. Birthplace Carroll Co. Maryland. (Town, county, and state)

10. Usual Occupation Retired Housewife.

11. Industry or business own Home.

FATHER
12. Name John Fair.
13. Birthplace Carroll Co. Maryland.

MOTHER
14. Maiden Name Suzan Hare
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Raymond Helferstay
(b) Address 1817 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co.

18 (a) Funeral director Thomas D. Singleton
(b) Address New Burial, Md.

19 JAN 11 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941 at 10.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940. to Jan 9 1941. and that I last saw her alive on Jan 9 1941.

Immediate cause of death Carcinoma of uterus (Body) — Duration 1 yr

Due to ____

Due to ____

Other Conditions acute pulmonary oedema — Duration 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Nuttle M.D.
Address 225 St. Paul St. Date signed 1/9/41

VS 3

F 76304 HEALTH DEPARTMENT—CITY OF BALTIMORE F 76304

CERTIFICATE OF DEATH

33-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Robinson St. 1-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Michaelangelo Raimondo

If U. S. Veteran specify WAR

(a) Residence: No. 244 S. Robinson ST. St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia

6. DATE OF BIRTH (month, day, year) Nov. 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	1	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sicily

FATHER

13. NAME Phillip Raimondo

14. BIRTHPLACE (city or town) (State or country) Sicily

MOTHER

15. MAIDEN NAME Angeline ?

16. BIRTHPLACE (city or town) (State or country) Sicily

17. INFORMANT Mr. Phillip Raimondo (son)
(Address) 244 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. 1/11 19 41

19. UNDERTAKER John J. Faher & Sons
(Address) 1312 Light St.

20. JAN 11 1941 19 Registrar

Huntington Hillen, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 , 19 41

22. I HEREBY CERTIFY, That I attended deceased from 1/3/41 , 19 , to 1/10/41 , 19

I last saw him alive on 1/7/41 , 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1/7/41
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

La Grippe	1/3/41

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank V. Manera M. D.

(Address) 742 S. East Ave.

VS 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W F 76305 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 S. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 S. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas L. McGuirk

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Elizabeth McGuirk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1881

8. AGE: Years 59 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Watchman
11. Industry or business Retired

FATHER
12. Name John McGuirk
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine McGee
15. Birthplace Ireland

16 (a) Informant Mr. James McGuirk
(b) Address 24 S. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 1300 Morgan Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 W. Fallsway

19 (a) JAN 11 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to Jan. 6 1941, and that I last saw h alive on Jan. 6 1941.

Immediate cause of death Coronary Thrombosis — Duration ?

Due to Chronic Nephritis? — ?

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Sound M. D.
Address 2 W. Read Date signed

76306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76306

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 DY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 O'Donnell St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Richard J. Giese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Augusta Neiland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1861

8. AGE: Years	Months	Days	If less than one day
79	8	10	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Anna M. Waters
(b) Address 342 Odonnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Broadway

19. JAN 11 1941 (Date received by Local Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1941 at 2 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Sandel Gruff M.D.
Medical Examiner.
Date signed 1/10/40

VS 6

76307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76307
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 76 ½ W. Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 76 ½ W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Davis Marcell

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2758

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Maggie Marcell

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May - 1871

8. AGE: Years 68 | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Steamfitter -

11. Industry or business Ship Yards -

FATHER
12. Name Henry Marcell
13. Birthplace Calvert Co.

MOTHER
14. Maiden Name Mary Schannell
15. Birthplace Calvert Co -

16 (a) Informant Maggie Marcell
(b) Address 76 ½ W Saratoga.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 JAN 11 1941 (Date rec'd by registrar) (b) Huntingtown Williamsville Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1941, at 1.29 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to 1/6 1941 and that I last saw h[illegible] alive on 1/6 1941.

Immediate cause of death Chronic Endocarditis
Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David J. Crumpler
Address 1411 Lee Date signed 1/11/41

VS 3

F 76308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 76308

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1923 Etting St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Etting St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ETHEL BLACKBURN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Robert Blackburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Winchester, Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Marie Forbes
(b) Address 816 N. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director McKatie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JAN 11 1941 (b) Huntington Williams, M.D.
Date received by registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1941, at 8:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed 1-9-41

76309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-11

Registered No. E 76309

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18da
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Reservoir St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Stack.

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Laura Stack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-17-1889

8. AGE: Years	Months	Days	If less than one day
51	5+	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Stack
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Neville
15. Birthplace Wisconsin.

16 (a) Informant Mercy Hospital Records
(b) Address Calvert & Saratoga Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave.

18 (a) Funeral director Kane Memorial Chapel
(b) Address 805 North Calvert Street

JAN 11 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1941, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1940 to Jan. 10 1941, and that I last saw him alive on Jan. 10 1941.

Immediate cause of death: Lymphosarcoma — Duration: 4 yrs.

Due to: over

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 1-10-41

76310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

Registered No. F 76310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave.
(c) Hospital or institution: St Agnes 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Reisterstown Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Joseph Gray Birth # F 07843 J

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1940

8. AGE: Years	Months	Days	If less than one day
	9	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Gray
13. Birthplace ----------

MOTHER
14. Maiden Name Catherine Monaghan
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Catherine Monaghan
(b) Address 149 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

19 (a) JAN 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1941 to Jan. 11 1941, and that I last saw h/m alive on Jan. 11 1941.

Immediate cause of death	Duration
Trauma cocain Memphis	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —
(Specify type of place) While at work?
(e) Means of injury

23. Signature L A Dungey M.D.
Address [illegible] Hosp. Date signed 1/11/41

VS 8

F 76311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-E Registered No. F 76311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Strawsburg

3 (b) If veteran, name war:
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Elizabeth Theresa Strawsburg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1858

8. AGE: Years	Months	Days	If less than one day
82	11	23	hr. min.

9. Birthplace Carroll Co, Md.
(Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name Joseph Strawsburg
13. Birthplace Carroll Co, Md.

MOTHER
14. Maiden Name Susan Fogle
15. Birthplace Carroll Co, Md.

16 (a) Informant Mrs Blanche Brooks (Daughter)
(b) Address Taneytown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-41 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cem.
Location Glen Burnie Hanover Taneytown Road

18 (a) Funeral director D. D. Shaffer & Son
(b) Address Union Bridge, Md.

19 JAN 12 1941 (Registered by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1941, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1941, to 1/11 1941, and that I last saw him alive on 1/11 1941.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Carcinoma Colon	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Frederick Johnston Jr. M. D.
Address Md General Hosp Date signed 1/11/41

F 76312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 76312

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Emma Bastow Mrs. Sarah Emma Barcham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Mr. Emanuel Barcham
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1-7-81

8. AGE: Years	Months	Days	If less than one day
60 59	—	5	hr. min.

9. Birthplace Phoenix, Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Barrett
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Martha Martin
15. Birthplace Balto. Md.

16 (a) Informant Emanuel Barcham
(b) Address Phoenix

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14 1941 (month) (day) (year)
(c) Cemetery or crematory Jessops
Location Sparks, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) (Date received by registrar) (b) Hunting Town Williamsville, Md.

JAN 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 12 1941, at 6:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941, to 1-12 1941, and that I last saw h[illegible] alive on 1-12 1941.

Immediate cause of death	Duration
Diabetis Coma & Acidosis	18 hrs
Due to Diabetes Mellitus	2 wks.
Due to	
Other Conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 2025 N. Fayette St Date signed 1-13-41
M. D.

76313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 76313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 So. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert (Alonzo) Faller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Catherine Faller

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov 9 1887

8. AGE: Years	Months	Days	If less than one day
53	2	1	____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Own Business

FATHER
12. Name (Unknown) Faller
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Catherine Faller
(b) Address 1741 S. Charles St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md

18 (a) Funeral director Williams Cook
(b) Address 127 St Paul St Williamsport, Md

19 (a) ~~Date received~~ JAN 13 1941 (b) Huntington for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10/ 1941, at 12 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15/ 1940 to 1/10/ 1941, and that I last saw him alive on 1/10/ 1941.

Immediate cause of death	Duration
Generalized carcinomatosis	8 mos.
Due to	
Due to	
Other Conditions Cachexia, Secondary anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of gall bladder including stomach + duodenum
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Moran M. D.
Address So. Balto. Gen'l Hospital Date signed 1/10/41

F 76314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76314 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Rutland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Stevenson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-1277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Martha M. Stevenson
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March 25th 1889

8. AGE: Years	Months	Days	If less than one day
51	9	15	hr. min.

9. Birthplace a. a. co. Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Stevenson
13. Birthplace a. a. co. Md

MOTHER
14. Maiden Name Hanna Edwards
15. Birthplace a. a. co. Md

16 (a) Informant Harry Osborne
(b) Address 712 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13th 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn a. a. co. Md

18 (a) Funeral director Barton Dominick Knight
(b) Address 218 McElderry St

19 (a) JAN 12 1941 (Date rec'd by registrar) (b) Hunting Town Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1941, at 12:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 1-11-41

F 76315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/08

F 76315

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 444 N. Smallwood St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 444 N. Smallwood St

(If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Celia Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Morris Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Israel Brown

13. Birthplace Russia

MOTHER

14. Maiden Name Ethel —

15. Birthplace Russia

16 (a) Informant Mrs. J. Street

(b) Address 444 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-41 (month) (day) (year)

(c) Cemetery or crematory Workmen Circle Cem.

Location Hebrew Mt. Carmel

18 (a) Funeral director Jack Levine Inc

(b) Address 1439 E. Balto. St

19 (a) (b) Hunterstown Pike Registrar

(Date received by registrar)

JAN 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12- 41 19 30, at 12 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to Jan 12, 1941, and that I last saw her alive on January 12 1941.

Immediate cause of death Lobar Pneumonia - Terminal Acute Exacerbation

Duration: 7 years, 2 days.

Due to Infectious Parotitis

Duration: 3 years

Due to Type Undetermined

Other Conditions General Arteriosclerosis Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Theodore Cooper

Address 2107 Park Ave. Date signed 1/12/41

F 76316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76316 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 6 18

(e) Length of stay in Baltimore (yrs., mos., or days) 5-6-18

2. USUAL RESIDENCE OF DECEASED:

(a) State Delaware (b) County

(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)

Street No. 1900 Boulevard (If rural give location)

(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME Matthew James A Malloy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 4 1878

8. AGE: Years	Months	Days	If less than one day
62	11	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Construction work

11. Industry or business

FATHER

12. Name James Malloy

13. Birthplace Penna

MOTHER

14. Maiden Name Anna Foley

15. Birthplace Penna

16 (a) Informant Mr. Arthur H. Malloy - (Brother)

(b) Address Mt. St. Marys - Emmitsburg, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-12-41 (month) (day) (year)

(c) Cemetery or crematory Wilmington Delaware.

Location

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 12 1941 (Date received by Registrar) (b) Registered by H. L. Fox Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 1:35 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1935 to Jan 11 1941, and that I last saw him alive on Jan 11 1941

Immediate cause of death

Bilateral Broncho Pneumonia — Duration 2 days

Due to (Pneumococcic Type)?

Due to

Other Conditions General Arteriosclerosis 4 years

& Psychosis due to Alcoholism

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel P Magee M. D.

Address 336 Parkwood Rd Date signed

F 76317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-N

Registered No. F 76317

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution: Elsie Snyder (Nursing Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Singanore ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Elizabeth Bucher Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John S. Clark

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 7 1859

8. AGE: Years	Months	Days	If less than one day
81	10	13	hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation .....

11. Industry or business At Home

FATHER 12. Name Jacob Bucher

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Bucher

MOTHER 15. Birthplace Germany

16 (a) Informant Charlotte Clark Potter

(b) Address 26 Singanore ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)

(c) Cemetery or crematory Balto Cemetery

Location .....

18 (a) Funeral director Leonard J. Ruck

(b) Address 5305 Harford Rd

19 (a) (Date received by Local Registrar) (b) Hunter H. Williams, M.D. Registrar

JAN 12 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1940, to Jan. 10 1941, and that I last saw her alive on Jan. 9 1941.

Immediate cause of death
Chr. pyelonephritis
Chr. interstitial nephritis

Duration unknown

Due to .....

Due to .....

Other Conditions Pyelonephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature A. M. Bacon M. D.

Address 2810 Taylor Ave. Date signed 1/11/41

F 76318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76318

CERTIFICATE OF DEATH

83-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 342 Franklintown Road Ward 20

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frances R. Hittel

If U. S. Veteran specify WAR

(a) Residence: No. 342 Franklintown Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles G. Hittel

6. DATE OF BIRTH (month, day, year) March 31-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Buschmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Roselie

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles G. Hittel

(Address) 342 Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 13 1941

19. UNDERTAKER George L. Schwab

(Address) 2491 Frederick Ave.

FILED JAN 12 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1936 to Jan 10 1941

I last saw her alive on Jan 9 1941. Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 8. 1941
Other contributory causes of importance: Arteriosclerosis & Hypertension + Cerebral Hemorrhage	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott W. Johnson, M. D.

(Address) 3432 Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

76319

CERTIFICATE OF DEATH

F 76319

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Pulaski St. 703 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ferdinand H. Bruns

If U. S. Veteran specify WAR .....

(a) Residence: No. 13 S. Pulaski St., ... Ward. 24 W

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Kate G. Bruns

6. DATE OF BIRTH (month, day, year): aug. 12-1877

7. AGE: Years: 63 | Months: 56 | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Street Car Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. Transit Co

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Ferdinand Bruns

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Johanna M. Funk

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Katy G. Bruns

(Address) 13 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Jan. 15 1941

19. UNDERTAKER: George L. Schwab.

(Address) 2101 Frederick Ave.

20. FILED ..... 1941 ..... M.D.

JAN 12 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1940 to Jan 12, 1941.

I last saw him alive on Jan 11, 1941. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Jan. 2 1941

La Grippe

Other contributory causes of importance: Bronchial Asthma — years

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Blasius M. D.

(Address) 1904 W Balto St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 76320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 S. Schroeder St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 S. Schroeder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma C. Durkin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife late Wm. P. Durkin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1900

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation house work
11. Industry or business at home

FATHER
12. Name Robert Lafferty
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lillian Higgins
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. William H. Lafferty
(b) Address 1933 Wilkens Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3804 Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St

19 (a) (Date received by Registrar) (b) Attending Physician Wm. Reisterstown, Md.

JAN 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10, 1941, at 10.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 10 1941, and that I last saw her alive on Jan 10 1941.

Immediate cause of death	Duration
Acute Dilatation of Heart	2 hr.
Due to Chronic Nephritis	Indef.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Campbell, M.D.
Address 1644 Hanover St Date signed 1/11/41

F 76321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76321 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balt. Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 N. Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R. E. Wilson.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-01-0748

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name ? Wilson
13. Birthplace Washington D.C.

MOTHER 14. Maiden Name Elizabeth Clark
15. Birthplace Washington D.C.

16 (a) Informant James Wilson
(b) Address 339 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-41 (month) (day) (year)

(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

(a) JAN 13 1941 (Date rec'd by Registrar) (b) [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1941, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1941 to 1-8 1941, and that I last saw h alive on 1-8 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cardiac decompensation	
Due to Arteriosclerotic Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Aaron Bernstein M. D.
Address 5 S 6th Date signed 1-9-41

F 76322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

X VF 76322

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6300 Smith Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

4-1

3 (a) FULL NAME Arthur Kirby

X

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret J Kirby
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 17, 1892

8. AGE: Years	Months	Days	If less than one day
48	7	23	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Institution

FATHER
12. Name Not Known
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace " "

16 (a) Informant Mrs Arthur J Kirby
(b) Address 6300 Smith Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Mt St Agnes
Location Mt Washington Balto Md
18 (a) Funeral director George A Staley
(b) Address Fulton & Fayette
19 (a) Date received by registrar JAN 12 1941 (b) Registrar's No. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1941, at 8.57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1941 to 1-10 1941 and that I last saw him alive on 1-10-1941

Immediate cause of death Luetic Aortitis — Duration 14 yr.
Due to Pulmonary Edema — 3 days
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 1-10-41

VS 3

F 76323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 76323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Rural; Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Centennial Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Fannie Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1890

8. AGE: Years	Months	Days	If less than one day
50	4	19	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Farm Labor
11. Industry or business —

FATHER
12. Name Alex. Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Mariah Jackson
15. Birthplace Md.

16 (a) Informant Herman Dorsey
(b) Address Woodbine Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Dorsey
Location Dorsey Md.

18 (a) Funeral director F. C. Wagner authorized for
(b) Address Ellicott City Md

19 (a) (Date received by Registrar) (b) Filed by Registrar

JAN 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1941, at 9 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940, to Jan 10 1941, and that I last saw him alive on June 10 1941.

Immediate cause of death Coma — Duration 2 wks
Lobar pneumonia-bilateral - Type VIII
Emphysema-bilateral.
Due to
Due to
Other Conditions Arteriosclerotic Cardio-vascular disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Glaser M. D.
Address University Hospital Date signed 1/11/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76324 F 76324

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 E. 28 St. 96 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Laura M. Price

If U. S. Veteran specify WAR

(a) Residence: No. 1911 E 28 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Price

6. DATE OF BIRTH (month, day, year) March 1 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmitsburg (State or country) Md

FATHER

13. NAME James Bowers.

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Katherine Corrigan

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Chas. A. Price

(Address) 3105 Lonsdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 13 1941

19. UNDERTAKER Johns A. Moran

(Address) 2000 E. Baltimore St.

20. FILED ... 19... Registrar.

JAN 12 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1940 to January 9, 1941

I last saw him alive on January 5, 1941. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1st day
Mitral Regurgitation	5 weeks
Splenomyelogenous Leukemia	2 yrs
Other contributory causes of importance:	
Chronic Interstitial Nephritis	5 Yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Autopsy or Biopsy Refused

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. A. Storms, M. D.

(Address) 2878 Hartford Rd

E—WRITE PLAINLY, WITHOUT ABBREVIATIONS. INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76325

HEALTH DEPARTMENT—CITY OF BALTIMORE

76325

CERTIFICATE OF DEATH 1941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 454 Forest St. 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilson Knott

If U. S. Veteran specify WAR.

(a) Residence: No. Maryland Penitentiary St., (Social Security # 214-18-6062

1508 McHenry (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary I. Knott

6. DATE OF BIRTH (month, day, year) June 15, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Stucco plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

FATHER

13. NAME William H. Knott

14. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

MOTHER

15. MAIDEN NAME Theresa [redacted]

16. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

17. INFORMANT Mary I. Knott

(Address) 1508 McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 13, 1941

19. UNDERTAKER Rolff & B. M. Walters

(Address) Pratt & Stricker Sts

20. FILED JAN 13 1941, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1940 to January 10, 1941

I last saw him alive on January 10, 1941. Death is said to have occurred on the date stated above at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th cervical vertebra (Hanged by order of Court)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) John F. Ambrey M. D.

(Address) Temple Courts Apts. 344 W Guilford Ave.

F

F

+

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 76326
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Stony Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDGAR W. HILDITCH

3 (b) If veteran, name war

3 (c) Social Security Account No. 215405-873

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 30, 1889

8. AGE: Years	Months	Days	If less than one day
51	6	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Bricklayer
11. Industry or business Self

FATHER
12. Name William Hilditch
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth Mace
15. Birthplace Chicago, Ill.

16 (a) Informant Mrs Mary Hilditch
(b) Address Stony Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (a) JAN 13 1941 (Date rec'd by registrar) (b) Hunting for Hilditch, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941, at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive heart disease

	Duration
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-12-41

F 76327

Stockhausen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 76327 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Catalpha Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Catalpha Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alveta May Stockhausen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ George Stockhausen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1871

8. AGE: Years	Months	Days	If less than one day
69	8	2	hr. min.

9. Birthplace Martinsburg, West Virginia (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John W. Kline

13. Birthplace West Virginia

MOTHER 14. Maiden Name Anna A. Miller

15. Birthplace West Virginia

16 (a) Informant George Stockhausen

(b) Address 4700 Catalpha Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Moreland Memorial

Location Taylor Ave

18 (a) Funeral director Harry N. Weitzel

(b) Address 4101 Edmondson Ave

19 (a) JAN 13 1941 (Date rec'd by registrar) (b) Hamilton Ford Williamsville, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939 to Jan 10, 1941, and that I last saw h~~er~~ alive on Jan 11th 1941.

Immediate cause of death Carcinoma of Bladder (Primary) Duration 4 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature R. L. Crosby M. D.

Address 5106 Harford Rd Date signed 1-14-41

F 76328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76328

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 N. Bentalou Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Schlingman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Edward Schlingman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1883

8. AGE: Years	Months	Days	If less than one day
57	8 9	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name James Clark
13. Birthplace Baltimore

MOTHER
14. Maiden Name Agusta Wahlsinger
15. Birthplace Washington, D.C.

16 (a) Informant Edward Schlingman
(b) Address 904 N. Bentalou Street

17 (a) Schwartz Bros (b) Date thereof Jan. 13/41.
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Schwartz
Location O'Donnell St. Balto. Md

18 (a) Funeral director Harry F. Mitzke
(b) Address 401 Edmondson Ave.

19 (a) Filed JAN 13 1941 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941, at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1940, to Jan. 9 1941, and that I last saw her alive on Jan. 9 1941.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to Rheumatic Heart Disease	?
Pulmonary Infarct	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. H. Greenberg M. D.
Address Church Home & Infirmary Date signed 1/10/41

F 76329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 76329 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 Emerson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1932

8. AGE: Years	Months	Days	If less than one day
8	1	20 19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert L. Reed Sr.
13. Birthplace Ohio

MOTHER
14. Maiden Name Blanche Shew
15. Birthplace Baltimore

16 (a) Informant Robert L. Reed Sr.
(b) Address 2522 Emerson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial
Location Dorsey. A.A. Co., Maryland

18 (a) Funeral director Harry V. Wittle
(b) Address 4101 Edmondson Avenue

19 JAN 13 1941 (Date filed by registrar) (b) Hunter Jr Williams, M.D. Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH Jan 10 1941, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia bilateral — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/3/41 20-4
(c) Where did injury occur? 100 block S. Warwick Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place) Looking in tank with light
(e) Means of injury Explosion of acetylene gas in tank

23. Signature H. H. Vandeloo M.D. Medical Examiner.

Date signed 1/13/41

VS 6

F 76330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 76330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3540 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 3540 Roland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-6

3 (a) FULL NAME Mattie J. Hare.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Amos F. Hare
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 70			hr. min.

9. Birthplace Indiana.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Noah Lindsay.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Grace Hare.
(b) Address 3540 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville.

18 (a) Funeral director Tehenowith & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 1941 (Date rec'd by registrar) (b) Registrar

Reporting for Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10, 1941 at 8 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7th 1941, to Jan 10th 1941, and that I last saw h[illegible] alive on Jan 10th 1941

Immediate cause of death	Duration
(a) Cerebral hemorrhage.	4 days.
Due to (b) Terminal pneumonia	2 days.
Due to (c) [illegible]	2 hrs.
Other Conditions Senility - probable	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Q. Williams M. D.
Address 3615 Falls Rd. Date signed 1/13/41

76331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-41

F 76331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 784 Saratoga St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John A Matthews

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-9277

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ruth Matthews

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug 6-1907

8. AGE: Years 33 | Months 5 | Days 3 | If less than one day: hr. min.

9. Birthplace Washington DC (Town, county, and state)

10. Usual Occupation mechanic

11. Industry or business automobile ind.

FATHER 12. Name John Matthews

13. Birthplace Washington DC

MOTHER 14. Maiden Name Francis Wyson

15. Birthplace Md.

16 (a) Informant Frances Matthews

(b) Address 784 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Baltimore Md

18 (a) Funeral director Charles H. Burkett

(b) Address 528 Lanvale St

19 41 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1941, at 10 30/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941, to 1-11 1941, and that I last saw h[illegible] alive on 1-11 1941.

	Duration
Immediate cause of death: Uremia Coma	1 day
Due to: Malignant Hypertension	?
Due to:	
Other Conditions: Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G P Musselman M. D.

Address Provident Hospital Date signed 1-11-41

6332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76332 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 742 W Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 W. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1868

8. AGE: Years 57 | Months 11 | Days 24 3 | If less than one day ... hr. ... min.

9. Birthplace Baltimore — Md
(Town, county, and state)

10. Usual Occupation Housework —

11. Industry or business

FATHER
12. Name Smith Palmer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eizzie Carter
15. Birthplace Virginia

16 (a) Informant Virginia Palmer
(b) Address 742 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13 1941 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore County

18 (a) Funeral director Joseph A. Smelley
(b) Address 1119 N. Mount Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Jan 10 1941, and that I last saw her alive on Jan 9 1941.

Immediate cause of death: Acute Lobar Pneumonia — Duration: 6 Days

Due to

Due to

Other Conditions Obesity.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Greenberg M. D.
Address 1 W Lee Date signed 11/4/41

50647
76333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76333
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 2 N Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Cornish

3 (b) If veteran, name war [redacted]
3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1924

8. AGE: Years	Months	Days	If less than one day
16	1	25	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation school child
11. Industry or business

FATHER
12. Name Daniel Cornish
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Ross
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 1-14-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Calvary Cemetery
Location Old Court Rd
(a) Funeral director Robert E Williams
(b) Address 1515 McElderry St
19 (a) [illegible] (b) Huntington [illegible] Md
(Filled in by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1941 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1940 to 1-11 1941, and that I last saw h[illegible] alive on 1-11 1941.

Immediate cause of death	Duration
Tuberculous peritonitis	15 yrs
Due to Fecal fistula	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 5-19-40 - Tb peritonitis - acute appendicitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Sidney P. Hepler Jr. M. D.
Address Baltimore City Hosp Date signed 1/13/41

JAN 13 1941

F 76334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10-10
(e) Length of stay in Baltimore (yrs., mos., or days) 15-10-10

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Bala (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Bryn Mawr Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mariel McHugh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1895

8. AGE: Years	Months	Days	If less than one day
45	11	16	hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John B McHugh
13. Birthplace Penna

MOTHER
14. Maiden Name Esther Comber
15. Birthplace Penna

16 (a) Informant J. White undertaker
(b) Address 1701 Springfield Ave Phila
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16-41 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem
Location Philadelphia Pa
18 (a) Funeral director Wm Warren Cook
(b) Address 1418 St Paul Street
19 (a) JAN 13 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1941 at 6:25 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1934 to Jan 13, 1941, and that I last saw her alive on Jan 13, 1941.

Immediate cause of death: Cardiac Failure, with Marked Respiratory Embarrassement. — Duration: 2 Days
Due to Metastatic Carcinoma of Right Breast. — 2 years
Due to
Other Conditions Bronchosis. (Dementia Praecox) — about 5yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond P Alagia M. D.
Address 336 Park Street Date signed

VS 3

F 76335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 76335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40th st. Stoney Run Lane
(c) Hospital or institution: Tuscany Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie A. Falck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ George M. Falck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13th 1845

8. AGE: Years	Months	Days	If less than one day
95	10	29	hr. min.

9. Birthplace Glasgow Scotland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Stephan Miller
13. Birthplace Scotland

MOTHER
14. Maiden Name Grace L. Marshall
15. Birthplace Scotland

16 (a) Informant Mrs Grace V. Budnitz
(b) Address Tuscany Apts

17 (a) Burial (b) Date thereof 1/14/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received) JAN 13 1941 (b) Interment, ~~removal~~, or cremation Williams M.P. Address 1403 Parkane Date signed 1/12/41 M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1941, at 12 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to Jan 12 1941, and that I last saw ~~him~~ her alive on Jan 12 1941.

Immediate cause of death Myocarditis
Arterio-Sclerosis

Duration Protracted

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W M Moody M. D.

F 76336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76336 Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph R. Slonaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Mary C. Slonaker

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 1st 1859

8. AGE: Years	Months	Days	If less than one day
81	4	11 10	hr. min.

9. Birthplace Uniontown Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name Andrew Slonaker
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Joseph R. Slonaker
(b) Address Pasadena Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Uniontown
Location Carroll Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) ~~(Signature and title of local registrar)~~ (b) Huntingtown Md. William Registrar

JAN 15 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1941, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1941, to Jan 11 1941, and that I last saw him alive on 1/10/41 19

Immediate cause of death: Cardio Renal Vascular Disease — Duration: 15 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Theaker M. D.
Address 4305 York Rd Date signed 1/13/41

F 76337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 76337 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT BRICE

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Fallschurch, Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Brice
13. Birthplace Va.

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant John L Phinis
(b) Address 901-3rd St. N.W. Wash. D.C.

17 (a) Burial (b) Date thereof 1-13-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Pet
Location Washington, D.C.

18 (a) Funeral director Sam'l T. Hemsley
(b) Address 578 W. Biddle St

19 (a) JAN 13 1941
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 6...

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 1-12-41

F 76338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 612 S. Milton Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 S. Milton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? 80 yrs years

3 (a) FULL NAME Katherine Freimiller

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife: John Freimiller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1858

8. AGE: Years	Months	Days	If less than one day
82	11	26	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Geo. Schmeisser

13. Birthplace Germany

MOTHER 14. Maiden Name ? Hurst

15. Birthplace Germany

16 (a) Informant Geo. Freimiller

(b) Address 2405 Fait Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (month) (day) (year)

(c) Cemetery or crematory 1st Evangelical

Location Baltimore

18 (a) Funeral director Henry Sander & Son

(b) Address North Ave. & Broadway

19 (a) Washington Williams, M.D. (Date received by registrar) JAN 13 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1941 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 8 1941, and that I last saw h[illegible] alive on Jan 8 1941.

Immediate cause of death	Duration
Chronic myocarditis	unk
Due to arteriosclerosis	
Due to ✓	
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ?

(e) Means of injury ✓

23. Signature Ernest Sanger M. D.

Address 2431 Fait Ave. Date signed 1/10 41

VS 3

F 76339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-2

F 76339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602½ Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aaron Whitbeck

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3169

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1874

8. AGE: Years	Months	Days	If less than one day
66	10	6	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Whitbeck

13. Birthplace New York

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Jacob Joseph Whitbeck

(b) Address 1347 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cemetery

Location Q. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott Daughter

(b) Address 1429 N. Carolina St.

19 (a) JAN 13 1941 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1941 at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1941 to Jan. 13 1941, and that I last saw him alive on Jan. 10 1941

Immediate cause of death Cerebral Thrombosis — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Smith M. D.

Address St. Joseph Hosp. Date signed 1/13/41

VS 3

F 76340

F 76340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 526 Woodland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 506 Linthicum Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Ella Stapf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo E Stapf

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 19 1884

8. AGE: Years 56 | Months 8 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Geo Wood

13. Birthplace Balto Md

MOTHER 14. Maiden Name Eliz Reber

15. Birthplace Balto md

16 (a) Informant Mrs Mueller

(b) Address 526 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-1941 (month) (day) (year)

(c) Cemetery or crematory Jerusalem Cemetery

Location Baltimore Md.

18 (a) Funeral director Francis Cook Zyfer

(b) Address 1600 N. North Ave

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb — 1940, to Jan 10 1941 and that I last saw her alive on Jan 10 1941

Immediate cause of death Hypertensive Vascular Disease Cerebral hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions Coronary Thrombosis, Chronic Nephritis, Hemoptysis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred E Wadam M. D.

Address 4 Sheldon Ave Date signed 1-10-41

390748 F 76341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a F 76341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address OHNS HOPKINS HOSPITAL

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) all

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Baltimore Sharons 10t
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2217 Orall Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME August Ludwig

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 12-27-1891

8. AGE: Years	Months	Days	If less than one day
49		14	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Joseph Ludwig

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Monath

15. Birthplace Germany

16 (a) Informant Friends

(b) Address OHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Jan 14/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director William M. Marecks

(b) Address 7[illegible] Washington Blvd

19 (a) JAN 13 1941 (b) Harrington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1941, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Jan 11 1941, and that I last saw him alive on Jan 11 1941.

Immediate cause of death	Duration
(a) Gangrene of Leg	
Due to (b) Embolism into Rt pl. tibial	
(c) Perforated peptic ulcer. Peritonitis	
Due to (d) Coronary - Post op. Total Congestion	
Due to (e) Enlarged Infected Prostate Ethmoidectomy	

Other Conditions Old amputated rt arm at shoulder
(Include pregnancy within 3 months of death)

Major findings
Of operation Carcinoma larynx
Ruptured Peptic Ulcer - Peritonitis
Of autopsy Ruptured Gangrenous Embolism

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Henry Le Hances

Address John Hopkins Hosp. Date signed M. 1-11-41 D.

VS 3

F 76342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

Registered No. F 76342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Just arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-6

3 (a) FULL NAME William SKINNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation CCC Enrollee

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 15 / 41 (month) (day) (year)
(c) Cemetery or crematory Easton Md
Location Easton Md

18 (a) Funeral director Ralph H. Willis Jr.
(b) Address Cheltenham Md

19 (a) (Local registrar's signature) (b) Huntington Williams, M.D. Registrar

JAN 13 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1941, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1941, to Jan. 10, 1941, and that I last saw him alive on Jan. 10, 1941

Immediate cause of death	Duration
Purulent meningitis organisms yet undetermined	Unknown
Due to Hemorrhagic pneumonia organisms unknown as yet	Unknown
Due to Post influenzal infection	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?
(e) Means of injury

23. Signature J. Matthew M.D.
Address U.S. Marine Hospital, Baltimore, Md. Date signed 1/13/41

His Assistant Medical Examiner per Dorothy M. Wooten

F 76343

Brm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 76343 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 917 W. Baltimore Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Girl Sheket #1

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1941

8. AGE: Years	Months	Days	If less than one day
		1	6 hr. 37 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER 12. Name Jack Sheket

13. Birthplace Russia

MOTHER 14. Maiden Name Ethel Freeman

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs Ethel Sheket

(b) Address 917 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon

Location U. H. F. B. Society

18 (a) Funeral director Isaac Levin Sons

(b) Address 1439 E. Baltimore St

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 13 1941

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 3 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10, 1941 to Jan 11 1941, and that I last saw her alive on Jan. 11 1941

Immediate cause of death Atelectasis — Duration

Due to Prematurity

Due to Multiple pregnancy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Block M.D.

Address Sinai Hosp Date signed 1/13/41

F 76344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 76344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 W. Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Slacket #2
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1941

8. AGE: Years	Months	Days	If less than one day
		1	1 hr. 20 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Dwellarn
11. Industry or business

FATHER
12. Name Jack Slacket
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Krieman
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Ethel Slacket
(b) Address 917 W. Baltimore St
17 Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location U. H. B. B. Society
18 (a) Funeral director Jack Lechner Bro.
(b) Address 4396 Park Ave.
19 (a) 1-13-1941 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 9:55 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 10 1941, to Jan 11 1941, and that I last saw h[illegible] alive on Jan 11 1941.

Immediate cause of death	Duration
Atelectasis	
Due to Prematurity	
Due to Multiple pregnancy	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block MD
Address Sinai Hosp. Date signed 1/13/41

VS 8

F 76345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 76345 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Markley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Lavezza

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-3342

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Joyce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20-1874

8. AGE: Years	Months	Days	If less than one day
66	1	20	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Printer C B Rec

11. Industry or business Printing

FATHER 12. Name Natale Lavezza

13. Birthplace Italy

MOTHER 14. Maiden Name Teresa Gondolfo

15. Birthplace Italy

16 (a) Informant Wife Mary Joyce Lavezza

(b) Address 2900 Markley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Frank V. Pepitone

(b) Address 2815 E. Balto St

19 (a) JAN 13 1941 (date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-1941, at 11 25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death a Hypostatic Pneumonia
Fractured Skull — Duration

Due to

Due to

Other Conditions Hemorrhage Intra-cranial
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-30-1940 27-2
(c) Where did injury occur? (Specify whether in home) 4536 Hartford Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian Crossing Street Struck by Auto

23. Signature Howard J. Rhoades M.D.
Medical Examiner.
Date signed 1-10-41

F 76346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

73-a

F 76346
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution:
Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5246 St. Charles Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles William Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Mamie Kelly
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1871

8. AGE: Years	Months	Days	If less than one day
69	4	15	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Cloth Shrinker
11. Industry or business Clothing Industry

FATHER
12. Name John Kelly
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary C. George
15. Birthplace Lancaster Co., Virginia

16 (a) Informant Mrs Alice Von Lossberg
(b) Address 5519 Minnoka Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. North Ave.

19 (a) JAN 13 1941 (Date rec'd by registrar) Huntington Williams Park, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941, at 12:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941, to Jan. 12 1941, and that I last saw h[illegible] alive on Jan 10 1941.

Immediate cause of death	Duration
Pernicious Anemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Tuttleman, M. D.
Address 2324 Reisterstown Rd. Date signed 1/13/41

F 76347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76347 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 N. Henry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Henry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Eyler

3 (b) If veteran, name war: no -

3 (c) Social Security Account No. 220-05-1742

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
M	W	

6 (b) Name of ~~husband or wife~~: Marie Oethem

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 6 1894.

8. AGE: Years	Months	Days	If less than one day
47	46	76	4 — hr. — min.

9. Birthplace New Roads Pointe Louisiana
(Town, county, and state)

10. Usual Occupation Chauffeur.

11. Industry or business

MOTHER
12. Name Ruben H. Eyler.
13. Birthplace Texas

FATHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Marie Eyler
(b) Address 703 N. Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park Cem.
Location Frederick Rd Balto Md.

18 (a) Funeral director E. William Fahrenbach
(b) Address 637 Washington Blvd.

19 1-13-41 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1941, at 9½ P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Vandeventer M.D.
Medical Examiner.
Date signed 1-10-41

76348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-F 76348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2751 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2751 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH FOWBLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1863

8. AGE: Years	Months	Days	If less than one day
77	2	11	hr. min.

9. Birthplace Gettysburg, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frederick Wistozkey
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Sophia Snyder
15. Birthplace Pennsylvania

16 (a) Informant Miss Mattie Fowble
(b) Address 2751 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JAN 12 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1940 to Jan. 10, 1941 and that I last saw her alive on Jan. 10, 1941

Immediate cause of death Cerebral Hemorrhage — Duration 39 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. R. Schulein M. D.
Address 2257 W. Lexington Date signed 1/14/41

76349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 76349

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3814 Ridgewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3814 Ridgewood Avenue
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES WATSON McCUEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice Rachel McCuen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	17	hr. min.

9. Birthplace B Ireland (Town, county, and state)
10. Usual Occupation Ret'd. Supt.
11. Industry or business Am. Street Lighting Co.

FATHER
12. Name Adam McCuen
13. Birthplace Scotland

MOTHER
14. Maiden Name Annabella Watson
15. Birthplace England

16 (a) Informant Mrs. Alice R. McCuen
(b) Address 3814 Ridgewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JAN 13 1941 (Date received by registrar) Livingston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29-40 to 1-11-41 and that I last saw h alive on 1-10-41.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Paralysis	
Due to Senility	3 yrs
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Linbaugh M.D.
Address 1340 N. Charles Date signed 1/13/41 R. D.

76350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178-a

F 76350 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 65 W. Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Luther Sebold Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1910

8. AGE: Years	Months	Days	If less than one day
30	5	8	hr. min.

9. Birthplace Roanoke, Virginia (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Luther Sebold Sr

13. Birthplace Virginia

MOTHER 14. Maiden Name Barbie Johnson

15. Birthplace Virginia

16 (a) Informant Mrs C. G. Whittaker

(b) Address Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)

(c) Cemetery or crematory Penbrook

Location Virginia

18 (a) Funeral director Harry Funeral Home

(b) Address Hartford & Penna Ave Huntington, West Virginia

19 (a) (Date rec'd by registrar) (b) Registrar

VS-4-3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941 at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Illuminating gas poisoning	
Due to Acute alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/12/41 4-2
(c) Where did injury occur? 65 W Lafayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Illuminating gas from gas fire

23. Signature C. P. Mandelbaum M.D. Medical Examiner.
Date signed 1/12/41

Died on Ward

76351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76351 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 W. Fayette St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John S. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna A. Webb
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) August 31, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	9 10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Fireman
11. Industry or business

FATHER
12. Name John M. Webb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jane Kilarney
15. Birthplace Ireland

16 (a) Informant Mrs. Anna A. Webb
(b) Address 1210 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) Filed JAN 13 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1941, at 2.30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1941 to 1-10 1941, and that I last saw him alive on 1-9 1941.

Immediate cause of death — Duration

arteriosclerotic Heart disease — unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 208 S. Gilmor St. Date signed

M. D. B. 1268-9

76352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 76352

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 887 W. Lombard St. 183 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Oliver Switzer

(a) Residence: No. 887 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 15, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sign and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banner Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Oliver Switzer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Firoved

16. BIRTHPLACE (city or town) (State or country) Carlisle Pennsylvania

17. INFORMANT Miss Gretta V. Soelkey

(Address) 887 W. Lombard St.

18. BURIAL, CREMATION OR REMOVAL

Place Greenmount Cem. Date Jan. 13 1941

19. UNDERTAKER

(Address) 1005 W. Baltimore St.

20. Filed Jan 13 1941 at Hunterstown, Pa. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct — 1940 to January 10th 1941

I last saw him alive on Jan 9th 1941 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 41
Other contributory causes of importance: Arterio Sclerosis Senility	Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. B. Eyler M. D.

(Address) 4926 Park Heights Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76353

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76353

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. 1430 Holbrook St. St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George J. Olert

If U. S. Veteran specify WAR _____

(a) Residence: No. 1430 Holbrook St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of the late Mary E. Olert

6. DATE OF BIRTH (month, day, year) June 11-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73Yrs.	6Mo.	26Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired warehousman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Olert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. L. Clarkson
(Address) 1430 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Jan.-15-1941
Place Date 19

19. UNDERTAKER Henry Hoecke & Sons Inc.
(Address) 1301 E. Eager St.

20. Filed JAN 13 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-12-1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1941 to Jan. 12 1941

Last saw alive on Jan. 12 1941. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. Drusch M. D.

(Address) 2530 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

M. D. B. 1263-0

F 76354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76354

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 HAFER St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE B HANCOCK

(a) Residence: No. 2629 HAFER St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH H. HANCOCK

6. DATE OF BIRTH (month, day, year) MARCH 10-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NOONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME George W Goodwin

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ELIZABETH PORTER

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Joseph H Hancock

(Address) Irvington

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Jan. 15, 1941

19. UNDERTAKER C. M. Waltz

(Address) Windsor Md

FILED JAN 13 1941 19 Hunter for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-41

22. I HEREBY CERTIFY, That I attended deceased from 1-1-41 to 1-12-41

I last saw h[illegible] alive on 1-12-41 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	2 mos

Other contributory causes of importance:

Dropsy 1 wk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) Dr. Lloyd L. Dorsey M. D.

(Address) 1 Bellona Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 76355 ELLEN — HALLETT-SHANK-FOUTZ F 76355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61-150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Hallett Shank Foutz (Foutz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Foutz - 35yr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/09

8. AGE: Years	Months	Days	If less than one day
33yrs	6	13	hr. min.

9. Birthplace Georgetown Del.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name L. D. Shank
13. Birthplace North River Virginia

MOTHER
14. Maiden Name Ina Hallett
15. Birthplace Milford Del

16 (a) Informant Jedrue Shank (Sister)
(b) Address Dover, Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 41 (month) (day) (year)
(c) Cemetery or crematory Kriddle Cem.
Location Nr. Westminster Md.

18 (a) Funeral director J. E. Myers, Jr.
(b) Address Westminster

19 (a) JAN 13 1941 (b) Hattie H. Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-1941, at 10 55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941, to 1-13 1941 and that I last saw her alive on 1-13 1941.

Immediate cause of death	Duration
Hypoglycemic Shock	
Due to Diabetes	
Due to	over
Other Conditions 1 day post-partum	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fuller B Whitworth M.D.
M. D.
Address Md. Gen. Hosp Date signed 1-13-41

F 76356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 76356 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 St. Paul pl.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 St. Paul pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie R. Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1872

8. AGE: Years 68 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Benjamin Jenkins
13. Birthplace Md

MOTHER 14. Maiden Name Susie Smith
15. Birthplace Md

16 (a) Informant Mrs Susie Grump
(b) Address 518 St. Paul pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Mrs Vannie A. Hemsley
(b) Address 578 St. Peddle pl.

19 (a) JAN 13 1941 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1941 at 9:50 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 19 1940 to Jan 9 1941, and that I last saw h[illegible] alive on Jan 5 1941.

Immediate cause of death Chr. interstitial nephritis — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas J Keller, M. D.
Address 1111 W. Monument Date signed 1/11/41

F 76357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 76357
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 W Monty omery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 W. Montgomery St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Staten

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 [illegible]

8. AGE: Years	Months	Days	If less than one day
75	10	6	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Staten
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name
15. Birthplace Baltimore Md

16 (a) Informant Gladys Millar
(b) Address 124 W Montgomery St

17 (a) Burial (b) Date thereof 1 13 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah R Brown Son
(b) Address 108 W Montgomery St

JAN 13 1941 (b) [illegible]
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1941, at 11:1 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 9 1941, and that I last saw him alive on Jan 8 1941.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to arterial hypertension	7 ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 665 W. Baltimore St Date signed 1/11/41

76358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76358 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40th & Keswick Road
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Barclay Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Zimmermann

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Anna Zimmermann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1867

8. AGE: Years	Months	Days	If less than one day
73	3	4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Watchmaker - Retired
11. Industry or business

FATHER
12. Name Charles Zimmermann
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Hoffmeister
15. Birthplace Germany

16 (a) Informant Mrs. Johanna Eline
(b) Address 721 Rosedale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) (Date received by registrar) (b)
JAN 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941, at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to January 12 1941, and that I last saw h/m alive on January 12 1941.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease / Hypertension	1 year
Due to	
Benign Prostatic Hypertrophy	1 year
Other Conditions Chronic Bronchitis	22 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Hersperger
Address 214 Medical Arts Bldg Date signed 1/12/41 M. D.

76359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 N. Charles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 N. Charles
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Cullison

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Capt. Harry Cullison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1858

8. AGE: Years	Months	Days	If less than one day
82	5	20	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hubert Eff
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Mr. Carl P. Schmidt
(b) Address 3905 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) Filed JAN 13 1941 (b) Hunter, Jr. Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1941 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 5 1941 to January 10 1941, and that I last saw h. alive on January 6 1941.

Immediate cause of death	Coronary Thrombosis	Duration
Due to	Arterio Sclerosis	5 years
Due to		
Other Conditions	Old age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. S. Hurst M. D.
Address 716 Cathedral St. Date signed 1/12/41

76360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Battery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Battery Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John. M. Slimback

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-8475

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Barbara Slimback
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 22 - 1867

8. AGE: Years	Months	Days	If less than one day
73	4	2120	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs Frank Frost (Daughter)
(b) Address 1216 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E. West St.

19 JAN 13 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1940 to Jan 12 1941, and that I last saw h alive on Jan 11 1941.

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Arterio sclerosis Myocarditis
(Exclude pregnancy within 3 months of death)

Duration

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Schmunk M.D.
Address 1337 N. Charles St. Date signed 1/13/41

76361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. E 76361

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5076 E. 20th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Mankall Bowers

3 (b) If veteran, name war Four War

3 (c) Social Security Account No. 215-07-2133

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24-1898

8. AGE: Years 43 42 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business McCarthy-Hucks

FATHER 12. Name Joseph T. Bowers

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Rees

15. Birthplace Baltimore

16 (a) Informant Joseph T. Bowers

(b) Address 5076 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. H. Evans & Son Inc

(b) Address 118 West Royal Ave.

19 (a) JAN 13 1941 (Date rec'd by registrar) (b) Signature of Registrar Thurston Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1941, to 1-12 1941 and that I last saw him alive on 1-12 1941.

Immediate cause of death

Pulmonary Embolism

Due to Post Operative

Due to

Other Conditions Generalized Abdominal Carcinomatosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations Gen. Abd. Carcinomatosis; Gastro-Enterostomy performed

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Armand J. Sabatowski M. D.

Address At Jos Hosp Date signed 1-12-41

F 76362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76362 Registered No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles
(c) City or town Waldorf (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dallas Demarr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Child Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 1932

8. AGE: Years	Months	Days	If less than one day
9	8	?	? hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Henry Demarr
13. Birthplace Md

MOTHER
14. Maiden Name Ruth Tippett
15. Birthplace Md.

16 (a) Informant Parents
(b) Address Waldorf Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-1941 (month) (day) (year)
(c) Cemetery or crematory Waldorf
Location Waldorf Md

18 (a) Funeral director Hardesty + Ryon
(b) Address Waldorf Md

JAN 13 1941 Virginia Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1941, at 6:14 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to Jan. 12 1941, and that I last saw him alive on Jan. 10 1941.

Immediate cause of death Emaciation and Exhaustion — Duration

Due to Typhoid Fever

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Graham, M. D.
Address University Hosp Date signed 1-12-41

VS 3

76363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. E 76363

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 327 Collins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1868

8. AGE: Years	Months	Days	If less than one day
72	7	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation shipping clerk
11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Wilhelmina
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 13 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 13 1941 Huntington Williams, M.D.
(b) Registrar

6174

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24-1936 to 1-6-1941, and that I last saw h[illegible] alive on 1-6-1941.

Immediate cause of death	Duration
Cerebral Thrombosis	?
Bronchopneumonia	?
Due to Hypertensive CVD	?
Due to Gen. A-S	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hosp. Date signed 1-9-41

F 76364

54042 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 W. Lombard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Charles Bergolis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1872

8. AGE: Years	Months	Days	If less than one day
68	10	1	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Theodore
13. Birthplace Lithuania

MOTHER
14. Maiden Name Monica ?
15. Birthplace Lithuania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 13 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) JAN 13 1941 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1941, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1941, to 1-5 1941, and that I last saw him alive on 1-5 1941.

Immediate cause of death	Duration
Cerebral accident + (hemorrhage)	2 hrs.
Due to Arteriosclerotic cardio-renal disease	?
Due to Cellulitis R. leg.	1 wk
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Schloss Jr. M. D.
Address Baltimore City Hosp. Date signed 1/6/41

6173

76365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 — Registered No. F 76365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3171 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3171 Keswick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

135

3 (a) FULL NAME Mrs. Mary Blanche Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Alfred Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1871

8. AGE: Years 69 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Ashland, Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Richard Miles
13. Birthplace Alexandria, Virginia

MOTHER
14. Maiden Name Hannah Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Ellen B. Reigle
(b) Address 3171 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Date received by Registrar JAN 13 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11- 1941, at 4-40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11th 1941, to Jan 11th 1941, and that I last saw h-- alive on Jan 11th 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: Jan 11th 1941

Due to Arteriosclerosis. — 10 Yrs.

Due to Hypertension. Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. A. Lewis M.D.

Address 3614 Falls Rd. Baltimore Md. Date signed 1/11/41

48880-FD

76366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 76366

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please correct especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 3mo. 8das.

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. NoHome (20 E. Preston st.) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter J. Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-07-2899

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1880

8. AGE: Years	Months	Days	If less than one day
60 61	0 ?	?	hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER

12. Name ~~Unk.~~ Wm. B. Turner

13. Birthplace ~~Unk.~~ Mass.

MOTHER

14. Maiden Name ~~Unk.~~ Anna Nugent

15. Birthplace ~~Unk.~~ Mass.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) Date rec'd by registrar 1941 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1941, at 2 08 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1940, to 1-11 1941, and that I last saw him alive on 1-11 1941.

Immediate cause of death Bronchopneumonia

Antecedent T.B. Lis

Due to

Due to

Other Conditions Hemiplegia (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not done

Duration
1 month
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard K. Rathbun M. D.

Address Balto. City Hosp. Date signed 1-12-41

F 76367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76367 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Pierce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES A. IRWIN (Erwin)

3 (b) If veteran, name war: W-W
3 (c) Social Security Account No.: 220-05-9169

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife: Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years 49 | Months | Days | If less than one day hr. min.
9. Birthplace: Va (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Ella Holland
(b) Address: 405 Bruce St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-40 (month) (day) (year)
(c) Cemetery or crematory: Tye River Va
Location: Nelson Co

18 (a) Funeral director: David L. Brown Inc
(b) Address: 108 W Monument St

JAN 13 1941 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1941, at 5 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hemorrhage, right pleural cavity	
Due to: Fractures, multiple left 1st to 11th ribs	
Due to: right 1st to 6th ribs	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: January 6, 1941
(c) Where did injury occur? 31st & Kennington Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury: pedestrian struck by auto

23. Signature: W. L. Wallenwebber Asst Medical Examiner. M.D.
Date signed 1-6-41

VS 6

76368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 76368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Guilford ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Guilford ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Walter Powers

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Wilson
6 (c) If alive, give age (years

7. Birth date of deceased (mo., day, yr.) Aug. 31 - 1877

8. AGE: Years	Months	Days	If less than one day
63	4	11	10 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business Retail

FATHER
12. Name Thomas J. Powers
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Travis
15. Birthplace Ireland

16 (a) Informant John Powers
(b) Address 3111 Guilford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14-41 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John J. McCann
(b) Address 3006 E. Baltimore St.

19 JAN 13 1941 (b) Huntington Millington M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1941 at 7 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1939, to 1-11 1941, and that I last saw h[illegible] alive on 1-10 1941.

	Duration
Immediate cause of death Vascular accident, probably coronary thrombosis.	10 min.
Due to Arteriosclerosis and hypertension.	+ 10 years
Due to	
Other Conditions Bronchitis or Pneumonia	30 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Nelson Carey M. D.
Address 1014 St Paul St Date signed 1-13-41

VS 1

F 76369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No. F 76369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2512 Dulany Street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Dulany Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

2065

3 (a) FULL NAME EDWARD J. MORAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-5803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1884

8. AGE: Years	Months	Days	If less than one day
56	--	22 24	____ hr. ____ min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name William E. Moran
13. Birthplace Ireland

MOTHER
14. Maiden Name Abbie Denehey
15. Birthplace Ireland

16 (a) Informant William Moran
(b) Address 2512 Dulany Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. F. Kraus Funeral Home
(b) Address 118 W. Mt. Royal Ave

19 (a) JAN 13 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1940 to 1/11 1941, and that I last saw h alive on 1/12 1941

Immediate cause of death: Malignancy of Lung Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1945 W. Baltimore Date signed 1/13/41

76370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

F 76370 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 S. Augusta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. Augusta Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Walter D. Spurrier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Malone Spurrier

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) NOV. 26, 1869

8. AGE: Years 71 | Months 1 | Days 16 | If less than one day: hr. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)

10. Usual Occupation Electrical Contractor

11. Industry or business General

FATHER 12. Name Joshua Spurrier

13. Birthplace Maryland

MOTHER 14. Maiden Name Lavinia Edwards

15. Birthplace Maryland

16 (a) Informant Mrs. Walter Spurrier

(b) Address 324 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1941 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Baltimore

18 (a) Funeral director Easton Sons

(b) Address Edmondson Ave

(c) Date received JAN 13 1941 Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1941, at 1015 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1940, to Jan 11 1941, and that I last saw him alive on Jan 18 1941.

Immediate cause of death: General Carcinomatosis — Duration: 3 Months

Due to: Carcinoma Colon — Duration: 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson M. D.

Address 3432 Indiana Ave Date signed

390675

76371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. E 76371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address JOHNS HOPKINS HOSPITAL

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Queen Annes

(c) City or town Stevensville
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bateman Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-81

8. AGE: Years 69 | Months - | Days 16 | If less than one day: hr. min. 18 71

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name James Hopkins

13. Birthplace Md

MOTHER 14. Maiden Name Mary Anderson

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)

(c) Cemetery or crematory Stevensville Cem.

Location Stevensville Md.

18 (a) Funeral director J. C. Thomas

(b) Address Stevensville, Md.

19 (a) JAN 13 1941 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 19 41 at 11 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 19 40 to Jan 13 19 41. and that I last saw him alive on Jan 13 19 41.

Immediate cause of death: Arteriosclerotic heart disease & heart failure. — Duration

Due to Chronic frontal sinusitis & bronchial

Due to post-op. pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr Henry L Harris M. D.

Address 3721 Knollwood Rd Date signed 1-13-41

F 76372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 76372 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Poplar Grove St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Parsons

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Helen E. Parsons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1888

8. AGE: Years	Months	Days	If less than one day
52	5	25	hr. min.

9. Birthplace Huntington, West Virginia
(Town, county and state)
10. Usual Occupation Retired Scale Engineer
11. Industry or business Fairbanks Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. James R. Parsons
(b) Address 1618 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry N. Watts
(b) Address 4101 Edmondson Ave

19 (a) JAN 11 1941 (Date received by registrar) (b) Registrar

Huntington Hilliard, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1941, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941 to 10 1941, and that I last saw him alive on Jan 10 1941.

Immediate cause of death
Pneumonia
Due to
Myocardial Insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 da
8 Yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. M. Rowland M. D.
Address 806 N. Fulton Ave Date signed Jan 13/41

F 76373

388967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 76373
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Junius Knox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-18-27

8. AGE: Years	Months	Days	If less than one day hr.	min.
13	4	27		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pete Knox
13. Birthplace Va -

MOTHER
14. Maiden Name Mattie
15. Birthplace Va

16 (a) Informant Roards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14th 1940 (month) (day) (year)
(c) Cemetery or crematory Accomac, Co, Va
Location Accomac Va.

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Baltimore

19 (a) (Date rec'd by registrar) (b) Huntingtown Md

JAN 14 1941

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan - 10 1941, at 4.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1940 to Jan 10 1941, and that I last saw h alive on Jan 10 1941.

Immediate cause of death	Duration
Immediate cause of death malnutrition + cardiac failure	
Due to multiple abscesses of abd. + left pleural cavity.	
Due to ruptured appendix + generalized peritonitis	6 wks +
Other Conditions fecal fistula ileal fistula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hospital Date signed 1-11-41

F 76374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 76374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Ruckert Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Chester J. Wright

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-10-7948

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed, or~~ divorced. Divorced

6 (b) Name of ~~husband or~~ wife Frances Wright

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30th 1884

8. AGE: Years 56 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Berne N. Y.
(Town, county, and state)

10. Usual Occupation Maintenance Man

11. Industry or business Noxema Chemical Co

FATHER
12. Name Albert Wright
13. Birthplace Berne N. Y.

MOTHER
14. Maiden Name Eldora Gifford
15. Birthplace Berne N. Y.

16 (a) Informant Gordon F. Wright
(b) Address 3106 Glendale Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1941 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to Jan. 13 1941, and that I last saw him alive on 1-13 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobsmc M. D.
Address 1601 N. Charles St Date signed 1-13-41

VS 3

F 76375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3941 Frisby St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leo Ward (62616)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 4[illegible]

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1910

8. AGE: Years 30 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Md. (Balto. Co.) (Town, county, and state)

10. Usual Occupation None Helper

11. Industry or business Plumbing

FATHER
12. Name Joseph T.
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Clark
15. Birthplace Md. (Balto)

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) Date received by registrar JAN 14 1941 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1941, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 11 '41 to Jan. 13, 1941, and that I last saw him alive on Jan. 13, 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 1-13-41

F 76376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/61

F 76376 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and name of county)
(d) Street No. 302 Patapsco Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? year

3 (a) FULL NAME James W. Tillett

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. 215-01-2628

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary R. Tillett
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 12th 1872

8. AGE: Years	Months	Days	If less than one day
68	1	0	hr. min.

9. Birthplace Nashville Tenn (Town, county, and state)
10. Usual Occupation Supt.
11. Industry or business Standard Wholesale

FATHER
12. Name Thomas Tillett
13. Birthplace Tenn

MOTHER
14. Maiden Name Annie Barnes
15. Birthplace Tenn

16 (a) Informant Mary R. Tillett
(b) Address 302 Patapsco Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 14 1941 (Date received by registrar) (b) Ernest W. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1941, to Jan 12 1941, and that I last saw him alive on Jan 17 1941.

Immediate cause of death
1- Hypertension Cardio-Vascular Renal Disease — Duration 5 yrs.
Due to
2- Diabetis Mellitus — 5 yrs.
3- Left Hemaplegia — 4 yrs
Due to
4- Cerebral Paralysis — 5 days
5- Terminal Pneumonia — 1 day
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Lubrin M. D.
Address 320 Patapsco Ave Date signed 1/13/41

F 76377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G F 76377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Madison Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Madison Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stumpie Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No. 90

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 65 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Sussex Md (Town, county, and state)

10. Usual Occupation Taxicab driver.

11. Industry or business Self

FATHER 12. Name Stumpie Johnson

13. Birthplace Md.

MOTHER 14. Maiden Name Not known

15. Birthplace

16 (a) Informant Mrs Mamie Johnson

(b) Address 2515 Madison Av.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-14-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location Baltimore Md.

18 (a) Funeral director Mrs Frances A Hemsley

(b) Address 518 N Middle St.

19 (a) JAN 14 1941 (Registrar) (b) Hunting Ave Wilmington, N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1941, to Jan 11 1941, and that I last saw h[illegible] alive on Jan 9 1941.

Immediate cause of death

Due to Carcinoma of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H E Stephen

Address 826 N. Fremont Date signed 1/18/41

F 76378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

F 76378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hannie Hall Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1892

8. AGE: Years 48 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Benj Hall
13. Birthplace Md

MOTHER
14. Maiden Name Annie
15. Birthplace Md

16 (a) Informant Gertrude Hall
(b) Address 938 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mrs Fannie A. Hendley
(b) Address 578 N. Bradle St.

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1941, at 10.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940. to Jan 11 1941.
and that I last saw him alive on Jan 8 1941.

Immediate cause of death: Cardiac insufficiency — Duration: 1 yr
Aortic
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. Douglas Stuppend M. D.
Address 1643 Mighth Ave Date signed 1/13/41

Dr. Pelletian 817 Hamilton Ter

F 76379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76379

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 869 Watts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 33 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 869 Watt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosetta Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1873

8. AGE: Years	Months	Days	If less than one day
67 68	2	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Sorrell Larkins
13. Birthplace Md

MOTHER
14. Maiden name Linda Larkins
15. Birthplace Md

16 (a) Informant Martha Brown
(b) Address 869 Watts St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto

18 (a) Funeral director Rayner Sanders
(b) Address 1413 E Preston St

19 (a) (Date received by registrar) (b) Hunter for Willis Registrar

JAN 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Jan 12 1941. and that I last saw her alive on Jan 8 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 28 Days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Pelletian M. D.
Address 817 Hamilton Ter Date signed Jan 13/41

76380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 76380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2633 N. CHARLES ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. KELLUM

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	widowed

6 (b) Name of husband or wife Emma Burnett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 30, 1860

8. AGE: Years	Months	Days	If less than one day
80	1	13	hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name LEWIS KELLUM
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name SARA FAIRBANKS
15. Birthplace [illegible] MAINE

16 (a) Informant Elizabeth F. Kellum
(b) Address 2633 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 14. 1941 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director John Mitchell Home
(b) Address 1900 Eutaw Place

19 Date rec'd by registrar [illegible] for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 12 1941, at 3.15 AM

21. I certify that death occurred on the date above stated, that I attended deceased from JAN. 8 1941, to JAN 12 1941, and that I last saw him alive on JAN 12 1941.

Immediate cause of death PULMINARY EDEMA — Duration 24 hrs

Due to ARTERIOSCLEROTIC HEART DISEASE — Years

Due to

Other Conditions PERICHOLECYSTIS ABCESS, PERITONITIS — Several weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Calvin Abrams M. D.
Address Union Memorial Hosp Date signed 1/12/41

F 76381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-F Registered No. F 76381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) U.S.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2566 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Regina M. Kuhlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Separated

6 (b) Name of husband or wife Geo. Kuhlman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16. 1887

8. AGE: Years	Months	Days	If less than one day
53	4	27	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business Own Home

FATHER
12. Name Geo. J. Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Shipley
15. Birthplace Germany

16 (a) Informant Geo. Kuhlman
(b) Address 2566 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Nitzke
(b) Address 4161 Edmondson Ave

19 (a) JAN 11 1941 (Date rec'd by registrar) Huntingtown Md. Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941 at 3½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Crushing injuries of head chest & trunk — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/13/41
(c) Where did injury occur? Penna R.R. tracks Baltimore Co. Baltimore MD (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? No (Specify type of place)
(e) Means of injury Ran in front of train

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/13/41

VS 6

76382 62391 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Redwood Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Atkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1885

8. AGE: Years	Months	Days	If less than one day
55	7	10 14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George
13. Birthplace Virginia

MOTHER
14. Maiden Name Mollie Pullin
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 14 1941 Huntington Williams, M.D. Registrar
6175

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1941, at 10 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4- 1941, to 1-9- 1941, and that I last saw him alive on 1-9- 1941.

Immediate cause of death
Bronchopneumonia — Duration 9

Due to Acute alcoholism — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Schlotter M. D.
Address Balto City Hosp. Date signed 1-14-41

F 76383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 76383

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1615 N. Hilton Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1615 N. Hilton Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KENRICK T. JONES, JR

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-03-3205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1916

8. AGE: Years	Months	Days	If less than one day
24	4	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Baltimore Sunpaper Co.

FATHER

12. Name Kenrick T. Jones, Sr.

13. Birthplace Atlanta, Georgia

MOTHER

14. Maiden Name Elsie V. Mass

15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Kenrick T. Jones, Sr.

(b) Address 1615 N. Hilton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues

19 JAN 14 1941 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1941, at 4:35P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 40, to Jan 12 1941, and that I last saw him alive on Jan 12 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hugh J. Reed M. D.

Address 1123-St Paul St Date signed

F 76384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N. Hilton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 604 N. Hilton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME STEPHEN GEORGE FOWLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sallye Harper Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1854

8. AGE: Years	Months	Days	If less than one day
86	7	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired 20 years
11. Industry or business Lafayette Mill & Lumber Co.

FATHER
12. Name Elbert Fowler
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Denton
15. Birthplace Maryland

16 (a) Informant Mrs. Mercer McComas
(b) Address 516 Stamford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1941 at 3:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1940, to Jan. 13 1941, and that I last saw him alive on Jan 10 1941.

Immediate cause of death	Duration
Senility - old age	?
Asthma - chronic	?
Due to Cardio Vascular Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Barranco M.D.
Address 436 E Fort Ave Date signed 1/14/41

VS 3

76385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

102

F 76385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 V 16 Laurens St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE WANSOME

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
36 35			hr. min.

9. Birthplace Va (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Wm Wansome
13. Birthplace Va

MOTHER 14. Maiden Name Laura Webster
15. Birthplace Va

16 (a) Informant Friend Washington DC
(b) Address 919 S-20th St. Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo G. Nelson
(b) Address 1303 Pressman

19 (a) JAN 14 1941 (b) Filed by Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1941, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Cause of death	Duration
Immediate cause of death: Hemorrhage, pulmonary	
Due to: Aspiration of blood	
Due to: Nose-bleed	
due to: Hypertension arterial	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

21. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-12-41

VS 6

F 76586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-f

Registered No. F 76586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Calhoun ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tretisha Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1939

8. AGE: Years	Months	Days	If less than one day
2	—	5	hr. min.

9. Birthplace Baltimore — Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Horace Johnson
13. Birthplace Orangeburg — S.C.

MOTHER
14. Maiden Name Annie Whiglet
15. Birthplace Bamberg — S.C.

16 (a) Informant Horace Johnson
(b) Address 424 N. Calhoun St

17 (a) Burial (b) Date thereof 1-14-41
(Burial, cremation, or removal) (Year)
(c) Cemetery or crematory Mt. Lebanon
Location Mt. Wilson — Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Pelworden St

19 (a) Date received by Registrar JAN 14 1941 (b) Name and address of undertaker Williams M.B.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1941, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1940 to Jan. 11 1941, and that I last saw her alive on Jan. 11 1941.

Immediate cause of death Pulmonary Embolism? | Duration
Due to Congenital Syphilis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Graham M. D.
Address University Hosp. Date signed

F 76387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147B

F-76387

[Registered No.] F 76387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 Wilmer St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Johnson Matthews

Dist.-F 21178

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1898

8. AGE: Years	Months	Days	If less than one day
42	1		hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Susie Sterling
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Wm. G. Kelson
(b) Address 1303 Druid Park
19 (a) JAN 14 1941 (b) Huntington Williams M.D.
Local registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26-1940, to 1-13-1941, and that I last saw h-r alive on 1-13-1941.

Immediate cause of death
Bronchopneumonia
Uremia

Duration 2 wks
?

Due to
Hypertension Arteriosclerosis

Due to

Other Conditions

over

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel Klatskin M. D.
Address Balto City Hosp. Date signed 1-13-41

VS 8

M. D. H. 1268-9

F 76388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-31-a F 76388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 N. Mount St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Dample

(a) Residence: No. 1803 N. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Grace Dample

6. DATE OF BIRTH (month, day, year) 5-19-94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Dample

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Grace Dample

(Address) 1803 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Milford, Va Date 1/15, 19 41

19. UNDERTAKER J. L. & J. Kelly

(Address) 1323 Pennsylvania Ave

20. FILED Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-, 1941

22. I HEREBY CERTIFY, That I attended deceased from 10-15-, 1940 to 1-12-, 1941

I last saw h. alive on 1-11-, 1941 Death is said to have occurred on the date stated above, at 1:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Renal Vascular Disease.	1937

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George E. C. Hayes, M.D.

(Address) 1816 N. Mount St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 76389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-D

F 76389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Florence Hampton

3 (b) If veteran, name war: -

3 (c) Social Security Account No. 215-07-6805

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John A. Hampton (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1884

8. AGE: Years: 56 | Months: 5 | Days: 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Lace Maker

11. Industry or business Butler Bros.

FATHER 12. Name John Lamrick

13. Birthplace Unknown

MOTHER 14. Maiden Name Katherine Conlon

15. Birthplace Unknown

16 (a) Informant Mary Miller

(b) Address 416 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 | 15 | 41 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore, Md

18 (a) Funeral director Bernard J. Covington

(b) Address 21 W. 25th St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1941 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1940 to 1-13 1941 and that I last saw h[illegible] alive on 1-13 1941.

Immediate cause of death Uremia — Duration 24 days

Due to Bilateral hydro-nephrosis — Duration not det.

Due to Secondary to - Diverticulum of urinary bladder — Duration not det.

Other Conditions Due to - Urethral Caruncle

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urethral Caruncle Diverticulum of bladder.
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Gatt M. D.
Address Date signed

76390 OF 62317 BALTIMORE CITY HEALTH DEPARTMENT F 76390

CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Pearl Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-4669

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Nattie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1887

8. AGE: Years 53 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John
13. Birthplace Virginia

MOTHER
14. Maiden Name Lottie Loveman
15. Birthplace Virginia

16 (a) Informant Records
(b) Address 4940 eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave M.D.

19 (a) JAN 14 1941 (Date received by registrar) (b) Signature of registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1941, at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1941 to 1-11 1941, and that I last saw h alive on 1-11 1941.

Immediate cause of death — Duration
? Coronary embolism — 4 hrs
Cardiac failure
Due to Hypertensive C.V.D. — 21 yrs.
Due to Arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-12-41

F 76291 F 76291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 83-D

1. PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 2117 Ward) _____

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Israel Abidan — If U. S. Veteran specify WAR _____

(a) Residence: No. Levendale St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Morton
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Irene
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinball
(Address) Levenberg - Belvedere

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1-14- 19 41

19. UNDERTAKER Jack Levy Inc
(Address) 1149 E. Baltimore St.

20. FILED JAN 14 1941 19 Hmstating for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1941

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1938 to 1-13, 1941

I last saw h. alive on 1-12, 1941 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Broncho-pneu
Left hemiplegia
Hypertension

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Edmund Levy, M. D.

(Address) Levendale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 76392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 76392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 W. Centre St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Morris Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor & Furrier

11. Industry or business Self

FATHER
12. Name Abraham Gross
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie —
15. Birthplace Russia

16 (a) Informant Benson Gross
(b) Address 2263 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-41 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St.

19 (a) JAN 14 1941 (Date rec'd by registrar) Interment in City for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 19 41 at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 1-13-19 41.
and that I last saw h alive on 1-13 19 41.

Immediate cause of death Uremia — Duration

Due to Anuria

Due to

Other Conditions Chronic Cholecystitis & Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1) Chronic Cholecystitis & Cholelithiasis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address Sinai Hospital Date signed 1-12-41

VS 3

F 76393 F 76393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Mathews St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME John R. Stricker

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-16-7064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 13, 1922

8. AGE: Years	Months	Days	If less than one day
18	9	0	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Westinghouse E. Co.

FATHER
12. Name Charles H. Stricker
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Isabel Mason
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Isabel M. Stricker
(b) Address 2825 Mathews Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location 5510 Harford Road

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941, to Jan 13 1941, and that I last saw him alive on Jan 13 1941.

	Duration
Immediate cause of death Generalized Peritonitis	9 days
Due to Acute Appendicitis	2 days
Due to	
Other Conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations Acute Appendicitis & Localized peritonitis
Of autopsy Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick J. Vollmer M. D.
Address Mercy Hosp Date signed 1-13-41

VS 3

F 76394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 76394

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 S. Schroeder St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 S. Schroeder St. (If rural give location)
1803
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Lee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Andrew Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 94 | Months — | Days — | If less than one day hr. — min.

9. Birthplace Dorchester Ct. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Howard D. Kroh
(b) Address Ambassador Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis, Md.

18 (a) Funeral director Fred A. Krauss & Son
(b) Address 1216 N. Charles St.

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940 to Jan 12 1941, and that I last saw her alive on Jan 12 1941.

Immediate cause of death	Duration
Arteriosclerosis	2 dy
Due to	
Due to Gibraltar	2 do
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Campbell M. D.
Address 164 Hanover St Date signed 1/15/41

VS 3

F 76395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 76395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 KIRK AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Kelly

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife VERNA L. KELLY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 17 1880

8. AGE: Years: 60 | Months: 1 | Days: 26 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation PRODUCE DEALER

11. Industry or business FOR SELF.

FATHER
12. Name MICHAEL KELLY
13. Birthplace IRELAND

MOTHER
14. Maiden Name SARAH BROWN
15. Birthplace IRELAND

16 (a) Informant VERNA L. KELLY (WIFE)
(b) Address 2209 KIRK AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16/41 (month) (day) (year)
(c) Cemetery or crematory ST. MARY'S.
Location GOVANSTOWN

18 (a) Funeral director Lilly & Teiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 14 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 19 41 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 19 41. to Jan 13 19 41. and that I last saw h[illegible] alive on Jan 13 19 41.

Immediate cause of death Acute Congestive Heart failure — Duration

Due to Rheumatic Heart Disease

Due to

Other Conditions 1) Ruptured Appendix 2) Generalized Peritonitis 3) Benign prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Major findings: Acute Peritonitis

Of operations 5) Chronic Bronchitis

Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Wilder M. D.

Address Sinai Hospital Date signed 1-13-41

F 76296 F 76296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Josephs Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Katalinich

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212 09 0001

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 27 1901

8. AGE: Years 39 | Months 3 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation TELEPHONE OPERATOR

11. Industry or business C. & P. TELEPHONE CO.

FATHER
12. Name MICHAEL KATALINICH
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name STIFANIE DIEREKX
15. Birthplace BULGERIA

16 (a) Informant STIFANIE KATALINICH MOTH
(b) Address 1713 BANK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 15/41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST.

JAN 14 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11, 1941, at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1940 to Jan 11 1941, and that I last saw h FK alive on Jan 11 1941.

Immediate cause of death	Duration
Septicaemia	
Due to Staphylococcus Haemolytic	
Due to staphilococcus Haemolyticus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple Infarcts + Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wm Stupik
Address St. Josephs Hosp. Date signed 1/11/41

VS 3

F 76397 62600-MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 76397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 Low st. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

5-2

3 (a) FULL NAME Salvatore Previti

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1870

8. AGE: Years	Months	Days	If less than one day
70	7	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Salvatore Previti
13. Birthplace Italy

MOTHER
14. Maiden Name Louise Cardella
15. Birthplace Italy

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 - 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) (Date received by registrar) JAN 14 1941 (b) Name of [illegible] Baltimore, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1941 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1941, to 1-11 1941, and that I last saw h[illegible] alive on 1-11 1941.

Immediate cause of death — Duration
Bronchopneumonia ?
Toxemia gangrene ?
Due to
Acut interstitial nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City, Md. Date signed 1-12-41

F 26398

61676-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 76398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 5days.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Mosher st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Maria Stepney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married-seperated

6 (b) Name of husband or wife Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-1903

8. AGE: Years	Months	Days	If less than one day
37	0	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Thomas Chase
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Coats
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial, cremation, or removal (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location Catons Ville Balto. Co. Md.

18 (a) Funeral director Chas H Albrecht
(b) Address 921 Potato St

19 (a) JAN 14 1941 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941, at 8 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1940, to 1-12 1941, and that I last saw her alive on 1-12 1941.

Immediate cause of death	Duration
Coronary occlusion	? 1 day
Pulmonary infarction	? ?
Due to Hypostatic C.V.D.	
Cardiac failure	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto City Hosp Date signed 1-13-41

VS 2

F 76399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 76399 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Berry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Belt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Wm. H. Belt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1859

8. AGE: Years	Months	Days	If less than one day
81	3	28	hr. min.

9. Birthplace Maryland. (town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Jacob Shamer.
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Yengling.
15. Birthplace Md.

16 (a) Informant Walter L. Burgess.
(b) Address 2212 Eutaw Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Kennedy & Sons
(b) Address 3615-17 Reisterstown Ave

19 (a) Date received by Local Registrar JAN 14 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1941, at 2.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Jan 13 1941, and that I last saw h[illegible] alive on Jan 13 1941.

Immediate cause of death
Carcinoma Jaw
Due to Bronchopneumonia.
Due to Fractured neck of left femur.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-27-1940
(c) Where did injury occur? 714 Berry St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Fell while walking in Room

23. Signature A. G. Lewis M. D.
Address South Balto. Hosp Date signed 1/13/41

Edmund J. Lineken M. D. 1/16

76400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-6 F 76400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Payneii
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene H. Taylor. Jr. Birth F 21 28

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1941

8. AGE: Years | Months | Days 7 | If less than one day 6 hr. 15 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Eugene H. Taylor Sr.
13. Birthplace Md.

MOTHER 14. Maiden Name Dorothy J. Wilson
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/41 (month) (day) (year)
(c) Cemetery or crematory Payneii
Location Balto Co Md.

18 (a) Funeral director Jacob Hartenderfer.
(b) Address New Freedom Pa.

19 (a) JAN 14 1941 (Date rec'd by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-41 1941, at 7.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1941, to 1-13 1941, and that I last saw h/M alive on 1-13 1941.

Immediate cause of death Uremia — Duration 8Hrs - 7.15am on 1-13-41

Due to Intestinal Obstruction

Due to Congenital malformation of Anus

Other Conditions Meningeal.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not Reported.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gerald A Eblin M. D.
Address Johns Hopkins Hosp. Date signed 1-18-41

F 76401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ Registered No. F 76401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Ryan Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE JACKSON ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1900

8. AGE: Years	Months	Days	If less than one day
40	5	24	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Henry Moore
13. Birthplace Va

MOTHER 14. Maiden Name Alice Jackson
15. Birthplace Va.

16 (a) Informant Angie Clark
(b) Address 616 E. 28th st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Mt Calvary

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1941 at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1941 to Jan 9 1941 and that I last saw him alive on Jan 9, 1941.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Hopik M.D.
Address St. Joseph's Hosp Date signed 1/10/41

VS 3

F 76402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D E 76402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 685 Pierce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 685 Pierce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	-	-		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Mary Eliza Barber
(b) Address 685 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)

(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 [illegible]

19 (a) JAN 14 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1941, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to 1/13 1941, and that I last saw it alive on 1/12 1941.

Immediate cause of death Chronic Endocarditis + Myocarditis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Saunders
Address [illegible] Date signed 1/13/41 (M. D.)

VS 3

76403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 525 W Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balt (b) County

(c) City or town Md

(If outside city or town limits write RURAL and give town)

(d) Street No. 525W Lafayette

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Noel.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 16 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation School boy.

11. Industry or business

FATHER 12. Name Ernest Noel

13. Birthplace Md.

MOTHER 14. Maiden Name Delia Shipley

15. Birthplace Md.

16 (a) Informant Delia Noel

(b) Address 525W Lafayette Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)

(c) Cemetery or crematory Mt Moriah

Location

18 (a) Funeral director A Halstead

(b) Address 918 Eutaw Place

19 JAN 14 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-41 19 , at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 9 1941, and that I last saw alive on Jan 9 1941.

Immediate cause of death

Tuberculous meningitis

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O. H. E. Wilson M. D.

Address 893 W Fremont Date signed Jan 10

VS 2

F76404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 76404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 663 Humberston Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN LOUIS NIES

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Mary A Nies
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1891

8. AGE: Years	Months	Days	If less than one day
49	4	13	hr. : min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Fireman - Edgewood Arsenal
11. Industry or business: U.S. Government

FATHER
12. Name: John L. Nies
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Margaret Houck
15. Birthplace: Baltimore, Md

16 (a) Informant: Wife Mrs Mary A Nies
(b) Address: above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory: [redacted] Cathedral
Location: [redacted] Balto Md

18 (a) Funeral director: George J. Roth & Son
(b) Address: 1235 Hollins Ave

19 (a) Date received: JAN 14 1941 (b) Registrar: Hunter for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 5 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenmaier M.D. Asst Medical Examiner
Date signed 1-12-41

76405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ E 76405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Edmondson ave
(c) Hospital or institution: Apt #5
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph Benjimin Gross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	widowed

6 (b) Name of husband or wife Julia Jeneffer gross
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28, 1875

8. AGE: Years	Months	Days	If less than one day
65	5	13	— hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Coffee Warehouse

FATHER
12. Name Benjimin gross
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Laura Robins
15. Birthplace Galveston, Texas

16 (a) Informant Ruth Charlotte gross
(b) Address 1046 W. Lexington St.

17 (a) Buried (b) Date thereof 1 / 14 / 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Landsdowne Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) JAN 14 1941 Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1941 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1.8.41 19 . to 1.10.41 19 . and that I last saw him alive on 1.10.41 19 .

Immediate cause of death	Duration
Cerebral Hemorrhage	1.10.41
Due to arteriosclerotic Heart Disease	not Known
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Parr M. D.
Address 400 N. Carrollton ave Date signed 1.14.41

VS 3

F. 75406 / 39 / 137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-2 F 76406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Druid Hill ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Albert Sharpe
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-07-5333

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-02

8. AGE: Years	Months	Days	If less than one day
38	8	17	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Sponging
11. Industry or business John J. Hanson. Co

FATHER
12. Name James Sharpe
13. Birthplace N.C.

MOTHER
14. Maiden Name Lottie Fowler
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 14 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 12 1941, at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 5 1941, to JAN 12 1941, and that I last saw him alive on JAN 12 1941

Immediate cause of death	Duration
generalized peritonitis	
Due to Ruptured gastric ulcer	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operation ruptured ulcer generalized peritonitis
Of autopsy generalized " "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pickrell M. D.
Address Johns Hopkins Hosp Date signed

390957

F 76407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. F 76407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Emery St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Gilmer Birth# F 21506

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-41

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Percy Gilmer
13. Birthplace N.C.

MOTHER
14. Maiden Name Marg. Johnson
15. Birthplace N.C.

16 (a) Informant Record.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 14 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 14 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1941, at 9 52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 3 1941, and that I last saw him alive on Jan 3 1941.

Immediate cause of death: Intracranial hemorrhage

Due to: Prematurity

Duration: 2 days

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollack M. D.

Address J. H. H. Date signed 1-3-41

6178

F 76408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 76408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rayner Ave & Mukeland St

(c) Hospital or institution:
West Baltimore General Hospl.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)

(d) Street No. 135 S Schroeder St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Mildred Durkin

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white.	Single.

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1920

8. AGE: Years	Months	Days	If less than one day
20.	4	19	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business at home

FATHER
12. Name William C. Durkin
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emma C. Lafferty
15. Birthplace Baltimore, Md

16 (a) Informant Mr. William H. Lafferty

(b) Address 1933 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location 3501 Frederick Ave

18 (a) Funeral director John F. Cowan & Son

(b) Address 901 W Pratt St

19 (a) ..... (Date received by registrar) (b) Huntington Ave Baltimore, Md.

JAN 14 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1941 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1941 to 1/14 1941, and that I last saw h[illegible] alive on 1/14 1941

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Pulmonary edema	5 days
Due to Rheumatic heart dis.	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold A. Groth M. D.

Address W. B. & H. Date signed 1/15/41

76409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-D

Registered No. E 76409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene I. Yates

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 10, 1939

8. AGE: Years	Months	Days	If less than one day
1	1	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William F. Yates, Jr.
13. Birthplace Falls Church, Va.

MOTHER
14. Maiden Name Irene I. Sanders
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. F. Yates.
(b) Address 3806 W. Garrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Balto City

18 (a) Funeral director L. Verne Lyons
(b) Address 4611 Pk. Hgts.

19 JAN 14 1941 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 19 41, to 1/13 19 41, and that I last saw h alive on 1/13 19 41.

Immediate cause of death: Cord failure — Duration

Due to: Intracranial hem.

Due to: Congenital

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. D. Rucoff M.D.
Address Sinai Hosp Date signed 1/14/41

76410

HEALTH DEPARTMENT—CITY OF BALTIMORE

76410

CERTIFICATE OF DEATH

52-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 S. Conkling St., 76-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth O'Neill

(a) Residence: No. 243 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas O'Neill

6. DATE OF BIRTH (month, day, year) Oct. 14, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME ----- Pierce

14. BIRTHPLACE (city or town) (State or country) Md.? U.S.A.

MOTHER

15. MAIDEN NAME ----- -----

16. BIRTHPLACE (city or town) (State or country) Md? U.S.A.

17. INFORMANT Charles O'Neill
(Address) 243 S Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hall Pond Md Date Jan 16 19 41

19. UNDERTAKER John Ulrich
(Address) 200 E Lanvale St

20. JAN 14 1941 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1935 to January 13, 1941

I last saw h[illegible] alive on January 13, 1941 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	1937
	own
Other contributory causes of importance:	
Arteriosclerosis	?
Senility	?

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Power Moore M. D.

(Address) 3105 Belair Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 76411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 N Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 N Potomac (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R Wilkinson

3 (b) If veteran, name war

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma G Wilkinson
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1884

8. AGE: Years	Months	Days	If less than one day
56	4	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Produce Dealer
11. Industry or business

FATHER
12. Name Robt A Wilkinson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Mumma
15. Birthplace Baltimore

16 (a) Informant Emma Wilkinson
(b) Address 625 N Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Adams St

19 JAN 14 1941 (Date rec'd by registrar) (Signature) for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from December 27 1940 to Jan 12 1941, and that I last saw him alive on Jan 12 1941.

Immediate cause of death	Duration
(a) Chronic Interstitial Nephritis	1 mo.
Due to (b) Medical Failure	5 yrs.
Due to (c) Exhaustion, one of the following	0 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert P. Lehrahaupt M. D.
Address 2939 N Charles St Date signed 1/14/41

76412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 76412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver Sts

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1723 E Federal St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William C Pensel

3 (b) If veteran, name war —

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Carrie M Pensel

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feby 20. 1879

8. AGE: Years	Months	Days	If less than one day
61	10	24 23	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clothing trimmer

11. Industry or business

FATHER 12. Name Philip Pensel

FATHER 13. Birthplace Dont Know

MOTHER 14. Maiden Name Annie Wiegand

MOTHER 15. Birthplace Dont Know

16 (a) Informant Carrie Pensel

(b) Address 1723 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore Md

18 (a) Funeral director John Ellis

(b) Address 900 E Oliver

19 (a) JAN 14 1941 (b) Registrar

(Date rec'd by registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1941, at 1 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-20 1940, to 1-13 1941, and that I last saw HIM alive on 1-13-41 1941.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 wk
Due to Prostatic Hypertrophy,	1½ yrs.
Due to Prostatectomy	
Other Conditions Primary id adenocarcinoma,	

(Include pregnancy within 3 months of death)

Major findings: Of operations Prostatic Hypertrophy

Of autopsy —

PHYSICIAN over

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Supik M. D.

Address St. Joseph's Hosp Date signed 1/14/41

76413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P F 76413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Cleveland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Boyle St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24-47

3 (a) FULL NAME John Younder

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8609

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Josephine Younder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1884

8. AGE: Years	Months	Days	If less than one day
56	6	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business Locke Insulator Co.

FATHER
12. Name Frank Younder
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Germany

16 (a) Informant Mrs. Mary Waters
(b) Address 1228 Cleveland st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn, A.A.Co.

18 (a) Funeral director E Howard Strong
(b) Address 715 Light St.

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1941, at 6.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941 to Jan 12, 1941, and that I last saw h[illegible] alive on Jan 12, 1941

Immediate cause of death	Duration
Coronary Heart failure	
Due to Myocardial Degen	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Glass M.D. M. D.
Address 1726 Wolfe St Date signed 1/13/41

F 76414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 76414

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1025 E Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 E. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie L. Bankins

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
85		7	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William P Bonds
13. Birthplace —

MOTHER
14. Maiden Name Caroline Emma
15. Birthplace

16 (a) Informant Cecilia Jackson, daughter
(b) Address 1235 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1510 Orleans St.

JAN 14 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1941, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion. — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Vanderwerf M.D.
Medical Examiner.
Date signed 1/10/41

76415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 76415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information should be entered by typewriter or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 South Bond
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Bond (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Davis
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M.

6 (b) Name of husband or wife Willie Davis
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Nov. - 1867

8. AGE: Years	Months	Days	If less than one day
73	2		hr. min.

9. Birthplace Cambridge - Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Not None
13. Birthplace " "

MOTHER
14. Maiden Name ? Not None
15. Birthplace " "

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14th/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville.

18 (a) Funeral director E. Irving Wilson
(b) Address 1000 Pleasantbrook Ave
19 Date received by local registrar JAN 14 1941 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1941, at 2:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1941, to Jan 8 1941, and that I last saw h[illegible] alive on Jan 8 1941.

Immediate cause of death	Duration
Lobar Pneumonia	7 days
Due to Auricular Fibrillation of Heart	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dr. L. Levy M. D.
Address 1420 E. Chase Date signed 1-12-41

76416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 76416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 E. Lombard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 403 S. Duncan Street (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Schmeitzel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis Schmeitzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Schreib
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kohl
15. Birthplace Germany

16 (a) Informant Rose Schreib
(b) Address 1913 E. Lombard Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory
Location Holy Redeemer Cemetery

18 (a) Funeral director Mary Weber
(b) Address 401 S. Chester Street

19 (a) JAN 14 1941 (b) Huntington Williams M.D. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1941 at 6 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 41 to Jan 12 1941
and that I last saw deceased alive on Jan 12 1941

Immediate cause of death: Broncho-Pneumonia — Duration: 2 days
Due to:
Due to: Pulmonary Edema
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Ogmen M. D.
Address 1216 E. Preston Date signed Jan 14 1941

76417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a ✓ F 76417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Siarkowski
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-23

8. AGE: Years	Months	Days	If less than one day
17	-	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER — 12. Name	Peter Siarkowski
FATHER — 13. Birthplace	Poland
MOTHER — 14. Maiden Name	Frances ?
MOTHER — 15. Birthplace	Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Dorman Mill Road.

18 (a) Funeral director Mary Weber
(b) Address 401 S. Chester Street

JAN 14 1941 (Date rec'd by local registrar) (b) Huntingtown Williamsville, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941 at 7 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941 to Jan 13 1941 and that I last saw him alive on Jan 13 1941

Immediate cause of death	Duration
Acute Myeloid leukemia	
Due to	three months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper, Jr. M. D.
Address Johns Hopkins Hosp. Date signed

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 76418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 N. Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Lena Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/30/1906

8. AGE: Years 34 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name James Gross
13. Birthplace ?

MOTHER
14. Maiden Name Rosetta Austin
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Charles B. Cooper
(b) Address 514 N. Calhoun St.

19 (a) JAN 14 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1941, at 9:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1940 to 1-12 1941, and that I last saw her alive on 1-12 1941.

Immediate cause of death	Duration
Lymphogranuloma inguinale	?
Due to Extreme secondary anemia Emaciation	?
Due to Mental deficiency	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M.D.
Address Baltimore City Hosp Date signed 1-13-41

F 76419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 76419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Colon a Wilson
(b) Street address ~~4301 Roland Ave~~
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Ave 1414 E. Oliver
(If in institution, give usual residence)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Miss Sarah Agnes Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
— no	NONE	F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 12 1864

8. AGE: Years	Months	Days	If less than one day
76 11	5	2	..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Matron
11. Industry or business Balto City Public Dept

FATHER
12. Name James Stewart
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Griffen
15. Birthplace Ireland

16 (a) Informant Next of kin
(b) Address Deceased

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/5 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 S. Paul St

19 (a) JAN 15 1941 (Date received by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 3 20/24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1941, to 1-14 1941, and that I last saw her alive on 1-13 1941.

Immediate cause of death	Duration
Uremia	7
Due to Postric Hemorrhage	7
Due to Cancer ?	ans
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S W Parks M. D.
Address St Agnes Date signed 1/14

VS 8

F 76420

F 76420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Conway

3 (b) If veteran, name war: No -

3 (c) Social Security Account No. 22-04-8050

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 3, 1883

8. AGE: Years 57 | Months 9 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Crown Cork & Seal Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm. Faulstick
(b) Address 2323 Greenmount Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkland Park
Location Parkville Md

18 (a) Funeral director Wm Cook
(b) Address 1217 N. Howard St

19 (a) FEB 5 1941 (b) [illegible]
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13-41 1941, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13-41 1941, to 1-13 1941, and that I last saw him alive on 1-13 1941.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Hypertensive Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Wilbur Mueller M. D.
Address St Joseph's Hosp. Date signed 1/13/41

per. Wm. Faulstick

F 76421 OF 62569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 76421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6719 W. Collington Ave Mitaw Nursing Home

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Trego

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1863

8. AGE: Years	Months	Days	If less than one day
77 (77)	2 (2)	29 (29)	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name James Trego (d)

13. Birthplace Maryland

MOTHER

14. Maiden Name Sarah Bickers (d)

15. Birthplace Maryland

16 (a) Informant Records

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1-15-41 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore Md

18 (a) Funeral director William Cook

(b) Address 20 S. Paca Street

19 JAN 15 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941, at 3 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Jan 12 1941, and that I last saw her alive on Jan 12 1941.

Immediate cause of death	Duration
Broncho pneumonia	3 days
Due to	
Due to	
Other Conditions Cholecystectomy 11th mo. Arteriosclerosis generalized	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Ekker Jr. M.D.

Address Baltimore City Hosp. Date signed 1/12 41

VS 2

F 76422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-w

F 76422

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3508 Greenspring ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3508 Greenspring ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Benjamin L. Sacks.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mary Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Dress Men Clothing

FATHER 12. Name Abraham Sacks.

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Edbie

MOTHER 15. Birthplace Russia

16 (a) Informant Jerome Sacks.

(b) Address 3508 Greenspring ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15/41 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Bowley Lane

18 (a) Funeral director Sol Levinson Bros

(b) Address 1124-26 W Northam ave

19 (a) JAN 15 1941 (Date rec'd by registrar) (b) Huntingtown Calvert Co. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to Jan 14 1941, and that I last saw h alive on January 13 1941

Immediate cause of death	Duration
Hypertephrosis	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hypernephroma L. Kidney

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Isaac M. D.

Address Med. Art Bldg Date signed 1/14/41

VS 2

If any of the above items are unknown, write UNKNOWN. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 76423 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 W. West
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W. West St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12. 1926

8. AGE: Years 14 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name Joseph B. Smith
13. Birthplace Balto md

MOTHER
14. Maiden Name Anna M. Schuck
15. Birthplace Balto Md.

16 (a) Informant Jos. B. Smith
(b) Address 19 W. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 - 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Frederick Road

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St

19 (a) JAN 15 1941 (Date received by registrar) (b) Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13/ 1941, at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11/1941 to 1/13/ 1941, and that I last saw her alive on 1/13/ 1941.

Immediate cause of death: Cardio vascular collapse following acute arthritis — Duration: 3 hrs

Due to

Due to

Other Conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M.D.
Address 1226 Hanover St. Date signed 1/14/41 M. D.

F 76424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 76424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3227 Remley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Remley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME John Yankeer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Kopp

6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): May 6, 1857

8. AGE: Years: 83 | Months: 8 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Watchman

FATHER
12. Name: Yankeer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Dont Know
15. Birthplace: Germany

16 (a) Informant: Mrs Anna Yankeer
(b) Address: 3227 Remley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17/41 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: Brooklyn Q & A Co Md

18 (a) Funeral director: Margaret D. Flynn
(b) Address: 142 Light St.

(c) Filed JAN 15 1941 (Date received by Registrar) Hunter Stor Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1941 at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to Jan 14 1941 and that I last saw h[illegible] alive on Jan 13 1941.

Immediate cause of death: Chronic Myocarditis — Duration: unknown
Due to: Senile Arteriosclerosis — Duration: " "
Due to: X — Duration:
Other Conditions: None — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Hunter Stor Williams M.D.
Address: 1341 Schroeder St. Date signed: M. D.

F 76425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76425 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 N. Bethel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Brscar

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace St Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Lizzie Turner
(b) Address 583 Greenmount Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annarundel Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date of certificate) JAN 15 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/13/41.

F 76426

F 76426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 E Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 E Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Banks

3 (b) If veteran, name war

3 (c) Social Security Account No. None ?

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife (Mrs.)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business City Dept

FATHER
12. Name unk
13. Birthplace unk

MOTHER
14. Maiden Name unk
15. Birthplace unk

16 (a) Informant Mattie Bates
(b) Address 1112 E Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by Registrar) JAN 15 1941 (b) Attending physician or Medical Examiner

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941, to 1-12 1941, and that I last saw h[illegible] alive on 1-12 1941.

Immediate cause of death Acute Lobar Pneumonia — Duration 1 day

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. S. Allen M. D.
Address 607 N. Arlington Ave. Date signed 1-14-41

76427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

F 76427

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 Greenmount Ave

(c) Hospital or institution: Southern Hospital & Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. ---- (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mina H. Corbin

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ------

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Geo. E. Corbin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1866

8. AGE: Years 75 | Months -- | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm. A. Hamilton

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Margaret Hance

MOTHER 15. Birthplace Balto, Co.,

16 (a) Informant Records, Southern Home

(b) Address 2520 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)

(c) Cemetery or crematory Foster Church Cem.

Location Hereford, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.

(b) Address 1900 Eutaw Place

19 (a) ... (Rec'd by registrar) (b) Huntington Mitchell, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan-14-1941 19 ... at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3. 1941 to Jan 14 1941, and that I last saw her alive on Jan 13 1941.

Immediate cause of death — Duration

Due to Carcinoma Stomach — 1 yr

Due to Old Age

Other Conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C Blake M. D.

Address Medical Arts Bldg. Date signed

F 76428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-E

F 76428 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Mc Elderry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olga B. Winkelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harry Winkelman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/17/98

8. AGE: Years	Months	Days	If less than one day
42	2	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Gregor
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Yursik
15. Birthplace Czechoslovakia

16 (a) Informant Harry Winkelman(husband)
(b) Address 2910 Mc Elderry St.

17 (a) Burial (b) Date thereof 1/17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horners Lane & Phila Rd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) Rec'd by registrar (b) Registered by Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14th 19 41, at 2 30/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1940 to Jan 14th 1941, and that I last saw her alive on Jan 14 - 1941

Immediate cause of death Coronary Thrombosis

Duration

Due to Cerebral Palsy

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations Coronary Thrombosis
Cerebral Palsy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Hunziger M. D.
Address 1710 E. 31 Date signed 1/14/41

VS 1

1/16/40 1/15/40 EHG

76429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo13da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town ~~xxxxx~~ Chelsea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Heard Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Asa Martin WONSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Isabelle Downey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1888

8. AGE: Years 52 | Months 11 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Glouster, Massachusetts
(Town, county, and state)

10. Usual Occupation 2nd Mate

11. Industry or business Seafaring

FATHER
12. Name Arthur Wonson
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Jennie
15. Birthplace Canada

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** Jan 15-1941 (month) (day) (year)

(c) Cemetery or crematory
Location Framingham Mass

18 (a) Funeral director A. L. Lake
(b) Address 4907 York Road

JAN 15 1941

19 (a) ____ (Date rec'd by registrar) **(b)** Huntington Williamsville

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1941 at 1:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1941 to Jan. 14, 1941 and that I last saw him alive on Jan. 14, 1941.

Immediate cause of death Pneumonia, lobar — **Duration** 13 da.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. **Date signed** 1/14/41 M. D.

F 76430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 76430 Registered No.

Physicians, nurses, undertakers, and others: Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 E. 20th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. 20th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaretha Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George Weber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1859

8. AGE: Years	Months	Days	If less than one day
81	5	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Nicholas Thümling
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Henrietta Scarff
(b) Address 1106 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John A. Miller
(b) Address 2533 Jefferson St.

19 (a) JAN 15 1941 (Date received by registrar) (b) Registrar Hattie Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 13 1941 19 , at 4 P. M.

21. I certify that death occurred on the date above stated, that last attended deceased from JAN 10 1941 to JAN 13 1941, and that I last saw her alive on JAN 13 1941.

Immediate cause of death Cerebral Embolism — Duration 4 Days

Due to Left sided Heart Trouble

Due to Myocarditis just recovering from grip

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence X X
(c) Where did injury occur? X X (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X X While at work? X X (Specify type of place)
(e) Means of injury X X

23. Signature Otto H. Duker M.D.
Address 928 E. North Ave. Date signed JAN 14 1941

VS 3

F 76431

F 76431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. Pratt St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 63 years

3 (a) FULL NAME Stanislaus Jeskulski or Jackolski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Ann Jeskulski (Sporny) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1864

8. AGE: Years	Months	Days	If less than one day
76	2	17	hr. min.

9. Birthplace Poland - Germany
(Town, county, and state)

10. Usual Occupation labor in Copper Foundry

11. Industry or business Copper

FATHER
12. Name Lawrence Jeskulski
13. Birthplace Poland - Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Poland - Germany

16 (a) Informant Joseph Jeskulski (son)
(b) Address 2012 E. Pratt St.

17 (a) Burial (b) Date thereof 1, 17, '41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Martin W. F. Dippel
(b) Address 1211 Washington Blvd & Williams, MD

19 (a) JAN 15 1941
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1941, at 9.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940, to Jan 13 1941, and that I last saw h[illegible] alive on Jan 13 1941.

Immediate cause of death	Duration
Chronic Myocardial Insufficiency	5 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature August Zellers M. D.
Address 2739 Eastern Ave Date signed 1/15/41

VS 3

Formerly Form 1; Form 1 revised 1916. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 76432 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOR
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 W. 39th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-7

3 (a) FULL NAME GEORGE W. BOSTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-5577

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Blanche A. Boston
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1885

8. AGE: Years 55 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace: md. (Town, county, and state)

10. Usual Occupation: Foreman, Roland Park

11. Industry or business: Maintenance Corp.

FATHER
12. Name: Francis A. Boston
13. Birthplace: md.

MOTHER
14. Maiden Name: Annie M. Murphy.
15. Birthplace: md.

16 (a) Informant: Blanche A. Boston
(b) Address: 1021 W 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 17, 1941 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location:

18 (a) Funeral director: Thomas J. Robinson
(b) Address: 3615-17 Chestnut Ave.

19 (a) JAN 15 1941 (Date rec'd by registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 11:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: Sudden
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: na
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenweber M.D.
Asst Medical Examiner.
Date signed 1-14-41

F 76433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 183-a

F 76433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Glen Riddle (If outside city or town limits, write RURAL and give town)
(d) Street No. Convent Our Lady of Angels (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Bertwina Koenig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1882

8. AGE: Years 58 | Months 6 | Days 10 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Joseph Koenig
13. Birthplace Europe

MOTHER
14. Maiden Name Mary Koller
15. Birthplace Europe

16 (a) Informant Convent Records
(b) Address St Joseph Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard Mruck
(b) Address 5305 Harford Road

19 (a) JAN 15 1941 (Date received by Registrar) (b) Huntingtop Dalmatia, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to Jan 14 1941, and that I last saw her alive on Jan 14 1941.

Immediate cause of death: Cerebral Hemorrhage Rt. Side — Duration: 2 days.

Due to: Hypertension & Gen Arteriosclerosis.

Due to

Other Conditions: Involutional Psychosis Paranoid — 6 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dominic P. Alagna M. D.
Address 336 Fulton St Date signed

76434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. X V-e F 76434 170-e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Harmon Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 151 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AGNES MATTHEWS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Russell Matthews

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1905.

8. AGE: Years 35 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace Dorsey Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Norman Hawkins.
13. Birthplace Dorsey Md

MOTHER
14. Maiden Name Sarah Daley
15. Birthplace Dorsey Md

16 (a) Informant Russell Matthews.
(b) Address Harmon Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 15, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mark
Location Harmans Anne Arundel Co Md

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 8 21 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ✓ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Shock, traumatic — Duration

Due to: Fracture of mandible

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-11-41
(c) Where did injury occur? Camp Meade Rd near Guttenmacher (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Passenger car crashed into truck

23. Signature H E Wallenmeyer M.D. Medical Examiner.
Date signed 1-12-41

76435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76435

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Johns

3 (b) If veteran, name war: World War Vet.
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Johnson Johns
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 15, 1897
8. AGE: Years 43 | Months 11 | Days 27 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Ice man
11. Industry or business Ice Coal + wood.

FATHER
12. Name Joseph H. Johns
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Hall
15. Birthplace Md.

16 (a) Informant Hezekiah Johns.
(b) Address 15 N Robin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 16, 1941 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941 at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 11 1941 to January 11 1941 and that I last saw him alive on January 11 1941.

Immediate cause of death: Coronary occlusion
Duration: 10 Minutes
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin A. Ruzicka
Address University Hospital Date signed 1/11/41

F 76436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 13-3

F 76436 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital, Balto.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Weems
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12-6
(If rural give location)
(e) If foreign born, how long in U. S. A.? year

3 (a) FULL NAME Humphrey Waddy ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1914

8. AGE: Years	Months	Days	If less than one day
27 ~~47~~	0	3	hr. min.

9. Birthplace Weems, Virginia
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Henry Waddy
13. Birthplace Northumberland County, Va.

MOTHER
14. Maiden Name Alive ?
15. Birthplace Reedville, Virginia.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Fulmarnock Va (b) Date thereof 1/15/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Va
Location

18 (a) Funeral director Geo. L. Ketcham
(b) Address 1303 Presidential

19 (a) JAN 15 1941 (b) Huntingtown, Md.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1941 at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1940 to Jan. 13, 1941, and that I last saw him alive on Jan. 13, 1941

Immediate cause of death	Duration
Generalized miliary tuberculosis	7 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/14/41

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-aF 76437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Ann St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Rebecca Gerber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem'l

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isadore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years √0 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Aaron Lehrhet
13. Birthplace Russia

MOTHER
14. Maiden Name Lahr
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Seaman Hill Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) JAN 15 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1941 at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941, to 19..., and that I last saw her alive on 1-14 1941.

	Duration
Immediate cause of death: Uraemia	
Due to: Pyelonephritis	
Due to:	
Other Conditions: Acidosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hosp Date signed 1-15-41

VS 8

I HEREBY CERTIFY, WITH OATH(S) IVR. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. E 76438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 S. Green St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Green St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Johnson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-1678

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/1885

8. AGE: Years	Months	Days	If less than one day
56 55	10	7	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation out of work

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Emma —
15. Birthplace Calvert Co Md

16 (a) Informant Blanche Collins
(b) Address 907 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location ~~Forest Park~~ N.A. Co

18 (a) Funeral director Isaiah L Brown Son
(b) Address 40 W Montgomery St

JAN 15 1941 (Date rec'd by registrar) Huntington Williams Asst

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1941, at 9.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1941, to Jan 12 1941, and that I last saw him alive on 1941.

Immediate cause of death Lobar Pneumonia — Duration 3 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D T Hassell M. D.

Address 665 W. Pratt Date signed 1/14/41

VS 3

F 76439 OF 56029

BALTIMORE CITY HEALTH DEPARTMENT

Inf. CERTIFICATE OF DEATH 94 a

✓ F 76439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 months
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore City Hospitals (If rural give location)
225 N. HIGH ST.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Daniel Moylan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1870

8. AGE: Years	Months	Days	If less than one day
71		9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name John Moylan (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Brian (d)
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/41 (month) (day) (year)
(c) Cemetery or crematory Laurel Memorial Cem
Location Dorsey Hill Rd - Balto. Co. Md

18 (a) Funeral director John J. Fabian & Sons
(b) Address 136 Washington Blvd, Baltimore, Md.

19 (a) JAN 15 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1940, to 1-12 1941, and that I last saw him alive on 1-12 1941.

Immediate cause of death Coronary occlusion — Duration ?

Due to Cerebral arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hgo. Date signed 1-15-41

VS 3

F 76440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-B

F 76440 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3924 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3924 Ridgewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Elizabeth Wheeler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert F. Wheeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1868

8. AGE: Years	Months	Days	If less than one day
72	6	27 28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William Bone
13. Birthplace England

MOTHER
14. Maiden Name Annie Virginia Gill
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Annie Wheeler
(b) Address 3924 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry J. Annacott
(b) Address 4204 Ridgewood Ave.

19 (a) JAN 15 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1941, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1941, to 1/13 1941, and that I last saw h[illegible] alive on 1/13 1941.

Immediate cause of death Cerebral Embolus — Duration 2 wks.
Due to Arteriosclerosis — ?
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Edel
Address 3403 Garrison Blvd Date signed 1/15/41

76441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 76441 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Wilkens Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Dora Burkman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Married

6 (b) Name of husband or wife Frederick W. Burkman
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 15, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Christian Eisenhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara
15. Birthplace Germany

16 (a) Informant Frederick W. Burgman
(b) Address 1733 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 194 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director Frederick C. Gelb
(b) Address 1200 W. Lombard St

19 (a) (b)
(Date received by registrar) (Registrar's signature)
JAN 15 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12th, 1941, at 9 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1941, to Jan 12 1941, and that I last saw her alive on Jan 12 1941.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to —
Due to —
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 1-14-41

76442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 76442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3168 Ravenwood
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Teter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm Teter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 - 1861

8. AGE: Years	Months	Days	If less than one day
80	0	9	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick McManus
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hanley
15. Birthplace Ireland

16 (a) Informant Andrew White
(b) Address 3168 Ravenwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 41 (month) (day) (year)
(c) Cemetery or crematory Mount Ethelrade
Location Balto

18 (a) Funeral director Jos J Gorsuch Sons
(b) Address 3000 Pennsylvania ave

19 (a) JAN 15 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1940, to 1-13 1941, and that I last saw her alive on 1-13 1941.

Immediate cause of death Diabetis Mellitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr M. D.
Address St. Joseph's Hosp. Date signed

VS 3

Physicians: Entries must be made in ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

76443

BALTIMORE CITY HEALTH DEPARTMENT

cc **CERTIFICATE OF DEATH** 131-a

F 76443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Ashland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Stafford (62543)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1876

8. AGE: Years	Months	Days	If less than one day
64	4	16?4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name David L. Stafford (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Cornish (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Rayner Sanders
(b) Address 412 E Preston St

JAN 15 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 1 25/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1941, to 1-14 1941, and that I last saw h~~im~~ alive on 1-13 1941.

Immediate cause of death

	Duration
Uremia	?
Cardiac failure	?
Due to Arteriolar nephrosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-14-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76444 cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 76444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 3 das.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Ellsworth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Eugene Hill (62572

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 ?1875

8. AGE: Years	Months	Days	If less than one day
65 ?	-	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sawing wood

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. A. Co

18 (a) Funeral director Payne Sanders
(b) Address 1412 E. Preston St

19 JAN 15 1941 (b) Huntington Hill Registrar Baltimore, Md.
(Date received by Registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1941, at 11 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9- 1941, to 1-13- 1941, and that I last saw him alive on 1-13- 1941.

Immediate cause of death

Pulm. Tbc.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-14-41

76445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

175C

Registered No. F 76445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co
(c) City or town Taylor (If outside city or town limits, write RURAL and give town)
(d) Street No. Bradton Post Office (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Beatty

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lillian H. Beatty

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 1-7-1885

8. AGE: Years	Months	Days	If less than one day
55		8	hr. min.

9. Birthplace Harford Co., Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Jas. Edward Beatty
13. Birthplace Nr. Taylor, Har. Co., Md.

MOTHER
14. Maiden Name Margaret R. Pocock
15. Birthplace Nr. Jarrettsville, Md.

16 (a) Informant Mrs. C. H. Beatty
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory Ebenezar Cemetery
Location Fallston, Md.

18 (a) Funeral director E. G. Kurtz & Son
(b) Address Jarrettsville, Md.

19 JAN 15 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 12 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Compression injury of Spinal cord, 3rd Thoracic	
Due to segment.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/8/41
(c) Where did injury occur? Taylor - Harford Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? yes
(e) Means of injury Fell off load of straw fell on farm

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/15/41

VS 6

76446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. F 76446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3815 Chesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Chesley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Wilmer

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-8499

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Caroline E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1870

8. AGE: Years	Months	Days	If less than one day
70	5	13	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Asst Chief Clerk B+O. Retired
11. Industry or business

FATHER
12. Name Gideon Wilmer
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Mc Mullan
15. Birthplace Ireland

16 (a) Informant Mrs. Caroline E Wilmer
(b) Address 3815 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 JAN 15 1941 (Date filed by Registrar) (Signature) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Jan 13 1941, and that I last saw him alive on Jan 11 1941.

Immediate cause of death	Duration
Myocardial Insufficiency	1 week
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H Spurrier M. D.
Address 1 W. Chesley Ave Date signed 1/15/41

F 76447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 76447
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 E 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY NORRISS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1871

8. AGE: Years 69 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name (1) Shettle
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Stoddard
15. Birthplace Virginia

16 (a) Informant Harry E. Norriss
(b) Address Englewood Ave, Woodlawn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.
(c) Baltimore, or Williamsport, Md.

JAN 16 1941
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 2-55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, lobular	
Due to: cerebral Cerebral hemorrhage	
Due to: Hypertensive heart disease	
Other Conditions: Burns, 2nd degree both legs (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence about Dec 14 1940
(c) Where did injury occur? 919 E 30th St (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury bed clothes caught fire

23. Signature W. W. Wollenweber M.D.
Medical Examiner.
Date signed 1-14-41

VS 6

Have not seen

F 76448

F 76448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 501 N Pulaski

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 501 N Pulaski St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Louise Bertram

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William Bertram

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	17	hr. min.

9. Birthplace St Mary Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Gabriel Curry

13. Birthplace St Marys Co Md

MOTHER 14. Maiden Name Indiana Guy

15. Birthplace St Marys Co Md

16 (a) Informant Ethel Lenhoff

(b) Address 501 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn Md

18 (a) Funeral director William Cox

(b) Address 1219 E Pratt St

(c) JAN 16 1941 (Date rec'd by registrar) Hunting Ton Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 84 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940, to 1/14 1941, and that I last saw h-e alive on 1/14 1941.

Immediate cause of death	Duration
Cerebral Embolism	1 yrs
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Blanche L. Shannahan M. D.

Address 1945 W. Baltimore Date signed 1/15/41

VS 3

F 76449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 76449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4617 Park Heights Ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4617 Park Heights Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

27-6

3 (a) FULL NAME Angelina Sammineto

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife Filippo Sammineto

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23rd 1862

8. AGE: Years	Months	Days	If less than one day
78	0	24	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER

12. Name Salvatore Patorio

13. Birthplace Italy

MOTHER

14. Maiden Name Unknown

15. Birthplace Italy

16 (a) Informant Alfred Sammineto

(b) Address 4617 Park Hgts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 527 S Paul St

19 (a) JAN 16 1941 (Date rec'd by registrar) Registrar

(b) Registered number

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1941, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22. 1940 to Jan. 14 1941, and that I last saw her alive on 1-14 1941.

Immediate cause of death Arteriosclerotic Cardiovascular disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which place) While at work?

(e) Means of injury

23. Signature Anthony Tiberio M. D.

Address 5217 York Rd Date signed 1-16 1941

F 76450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-

F 76450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4102 Newton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4102 Newton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas R Gregory

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gracella Gregory

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 23 1870

8. AGE: Years 70 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Mechanic Retired

11. Industry or business Sand Maker

FATHER 12. Name John Gregory

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Elizabeth Sterling

MOTHER 15. Birthplace Baltimore Md

16 (a) Informant Grace A Gregory

(b) Address 4102 Newton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1941 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Wilson & Cook

(b) Address 1217 E Lanvale St

19 (a) Filed Jan 16 1941 (Date filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935 to Jan 1941, and that I last saw him alive on Jan 11 1941.

Immediate cause of death

Coronary Thrombosis

Due to Pulmonary renal arteriosclerosis

Due to Generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E J Golueck M. D.

Address 4710 Liberty Hts Date signed 1/16/41

F 76451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No. F 76451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 N 42nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 N. 42nd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Olive Smith

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1885

8. AGE: Years 55 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas O. Clark
13. Birthplace Malaga N.

MOTHER
14. Maiden Name Elizabeth Jane Nicholas
15. Birthplace Baltimore Md

16 (a) Informant Edward Smith
(b) Address 1321 N 42nd St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/19/41 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Woodlawn Md

18 (a) Funeral director Fellows Cook
(b) Address 1217 E. Fayette St

19 (a) Received by registrar JAN 16 1941 **(b)** Registered number 13

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 5:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Jan 14 1941, and that I last saw h alive on Jan 14 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 3 mo.

Due to Cardio vascular hypertension disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. M. Smith M. D.

Address 2435 Maryland Ave Date signed Jan 15 1941

VS 2

F 76452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 76452 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Mt. Holly st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Mt. Holly st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1549

3 (a) FULL NAME K. Louise Thompson

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1862

8. AGE: Years	Months	Days	If less than one day
78	1	0	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business Balto City

FATHER
12. Name Joseph R. Thompson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Rebecca (Unknown)
15. Birthplace Balto Md

16 (a) Informant Talib Abrahams
(b) Address 2903 Mt Holly st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Fayette st

19 (a) JAN 16 1941 (Date received by registrar) (b) [illegible] for Williams [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1941, at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940 to Jan 15 1941, and that I last saw her alive on Jan 14 1941.

Immediate cause of death
1
Carcinoma of
Due to Breast

Due to

Other Conditions Malignant Cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy none

Duration
One year
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature John L. Thatard M. D.
Address 12 19 Caplan Grove Date signed 1/15/41

F 76453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2711 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 8 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 N. Howard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Pennington

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Dr. David F. Pennington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2nd 1850

8. AGE: Years	Months	Days	If less than one day
90	7	13	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Benjamin B. Snyder
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebecca Knight
15. Birthplace Balto Md.

16 (a) Informant Vinton R. MacKall
(b) Address 2711 N. Howard St

17 (a) Burial (b) Date thereof 1/18/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 16 1941
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1941, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1940 to Jan 15 1941, and that I last saw h[illegible] alive on Jan 14 1941.

Immediate cause of death	Duration
Chronic Cardio Vascular Disease	6 mo
Due to	
Due to	
Other Conditions Infirmities	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest D. Kahn M. D.
Address 1735 Poplar Gr St Date signed 1/15/41

F 76454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1938 Registered No. F 76454

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Parlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Parlett
6 (c) If alive, give age 18 yrs

7. Birth date of deceased (mo., day, yr.) Aug 4, 1878

8. AGE: Years	Months	Days	If less than one day
63	5	11	hr. min.

9. Birthplace Bengies Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Benjamin Parlett
13. Birthplace Bengies Md.

MOTHER 14. Maiden Name Mary York
15. Birthplace Bengies, Md.

16 (a) Informant Wife
(b) Address 4 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery or crematory Ebenezer M. E.
Location Stemmers Run Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) 1-16-1941 (b) Witness to Signature Registrar

JAN 16 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan 15 1941, and that I last saw him alive on Jan 15 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	?
Arteriosclerosis	?
Due to hypertension &	?
hypertensive H. D	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Kaminaman, M. D. M. D.
Address Church Home & Infirmary Date signed 1-15-41

F 76455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 76455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Battery Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Charlotte N. Wilkinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James W. Wilkinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1875

8. AGE: Years	Months	Days	If less than one day
65		23 2R	hr. min.

9. Birthplace Philadelphia, Penna.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William K. Johnson
13. Birthplace Wilmington Delaware

MOTHER
14. Maiden Name Marion R. Taylor
15. Birthplace Philadelphia, Penna.

16 (a) Informant Miss Margaret Wilkinson
(b) Address 1109 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Jan 16 1941 (Date rec'd by registrar) (b) Smith Jos. Williams M.D. Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1941, at 8 35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9, 1941, to Jan. 15, 1941, and that I last saw h.er alive on Jan. 15, 1941.

Immediate cause of death	Duration
Generalized carcinomatosis	
Post-Operative pneumonia	
Due to Cardiac Failure	over
Due to	
Other Conditions Hypertensive C-V disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Moran M. D.
Address So. Balto Gen'l Hospital Date signed 1/17/41

F 76456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 76456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Hillen Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Dennis

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World war	218-09-2532	Male	Col.	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1895

8. AGE: Years	Months	Days	If less than one day
45	4	9	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Dennis
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Laura Bennett
15. Birthplace St. Mary's County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-1941 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Rd, Balto city

18 (a) Funeral director Baltimore Manis H. Knight
(b) Address 240 McCulloh St

JAN 16 1941 (Date rec'd by registrar)
(b) Hunter Robertson Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1941, at 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11. 1941, to Jan. 13, 1941, and that I last saw him alive on Jan. 13, 1941.

Immediate cause of death	Duration
Caseous and miliary tuberculosis of lungs with cavitation of xxxx right upper lobe	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1-13-41

VS 3

Please write plainly, using ink. Every item should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hecht's Brothers
(c) Hospital or institution: Baltimore & Pine Streets
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 Wilkins Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-1597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret E Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1879

8. AGE: Years	Months	Days	If less than one day
61	9	?	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Wood Finisher
11. Industry or business Furniture Business

FATHER
12. Name Wm. H. Marshall
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Margaret E. Marshall
(b) Address 1818 Wilkens ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18-1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Geo. E. Bayer Jr
(b) Address 1512 Hollins St

JAN 16 1941 (a) (Date rec'd by registrar) H. H. Williams M.D. (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941 at 2-20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Landes Deft M.D. (Medical Examiner)
Date signed 1/15/41

VS 6

76458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 76458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Division St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Henry C. Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace " "

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Jeremiah McGee
(b) Address 635 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs Maurice A. Hensley
(b) Address 578 W. Biddle St.

19 (a) 1941 (Date rec'd by registrar) (b) Registrar for Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941, to Jan 13 1941, and that I last saw h M alive on Jan 13 1941.

Immediate cause of death Right heart failure — Duration 1 week?

Due to Arterio-sclerosis & hypertensive cardio vascular renal disease — Duration several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald J Roop M. D.
Address Mercy Hospital Date signed Jan 14 1941

39150 76459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 76459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Bevard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Scales

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Harrisson Curtis
13. Birthplace md.

MOTHER 14. Maiden Name ? Gordan
15. Birthplace md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-17-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Co.

18 (a) Funeral director Adolphus Hohlt
(b) Address 9 1 8 Edmondson Ave

19 (a) JAN 16 1941 (Date rec'd by registrar) (b) Huntingford Wilkins Registrar Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941 at 8 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941 to Jan 14 1941. and that I last saw her alive on Jan 14 1941.

Immediate cause of death Lobar pneumonia, rt. lower lobe. — Duration 3 days.
Due to Pneumococcus Type 25
Due to
Other Conditions Arteriosclerotic heart disease & heart failure. — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J H Billings M. D.
Address J. H. Hosp. Date signed 1-16-41

F 76460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 93-E

F 76460 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Miller Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Herman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-0662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma Gay

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1887

8. AGE: Years	Months	Days	If less than one day
53	4	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Telephone Lineman

11. Industry or business

FATHER 12. Name Herman

13. Birthplace

MOTHER 14. Maiden Name Minnie

15. Birthplace Unknown

16 (a) Informant Mrs. Emma Gay Herman

(b) Address 104 Miller Ave Catonsville

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Jan. 18, 1941 (month) (day) (year)

(c) Cemetery or crematory Woodbridge

Location Washington Blvd.

18 (a) Funeral director Easton Sons

(b) Address Edmondson Ave

(a) Date received by registrar JAN 16 1941 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941 at 11:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Gould Gault M.D. Medical Examiner.

Date signed 1/15/41

F 76461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-9

F 76461

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2739 Harlem Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ******

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2739 Harlem Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Charles F. Meyers

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1860

8. AGE: Years	Months	Days	If less than one day
80	5	23	hr. min.

9. Birthplace Shrewsbury Pa. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Bartlett-Hayward Co.

FATHER

12. Name Wm. F. Meyers

13. Birthplace Shrewsbury Pa.

MOTHER

14. Maiden Name Henrietta Nonemaker

15. Birthplace Shrewsbury Pa.

16 (a) Informant Mrs. Kate M. Seitz

(b) Address 2940 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1941 (month) (day) (year)

EAN

(c) Cemetery or crematory Lutheran Cem. Shrewsbury

Location Shrewsbury Pa.

18 (a) Funeral director Robert S. Little

(b) Address 2700 Edmondson Ave.

19 JAN 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1941, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1933 to Jan. 14 1941, and that I last saw him alive on Jan. 10 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hr.
Due to	
Endocarditis	Since 1933
Due to	
Other Conditions	1933
Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George A. Knipp M. D.

Address 3030 Edmondson Ave. Date signed Jan. 15

VS 3

F 76462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1108

F 76462
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 250 N. Bruce St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 19 V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 250 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ethel Watkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: George Watkins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 12, 1900
8. AGE: Years 40 | Months 7 | Days 1 | If less than one day hr. min.
9. Birthplace: Anne Arundel Co (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: —

FATHER
12. Name: James Gaither
13. Birthplace: Anne Arundel Co

MOTHER
14. Maiden Name: Harriett Kiss
15. Birthplace: Anne Arundel Co.

16 (a) Informant: George Watkins
(b) Address: 250 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn Cem
Location: Mount Calvary Cem.

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 3229 N. Schroeder St
(Signature or Williams, M.d.)

JAN 16 1941 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1941, at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1941, to Jan 13 1941, and that I last saw her alive on Jan 13 1941.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to: —	
Due to: —	
Other Conditions: —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Shepperd M. D.
Address 1631 W. Franklin St Date signed 1/14/41

F 76463
OF 62127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 76463
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Myrtle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Flora Queenan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1897

8. AGE: Years	Months	Days	If less than one day
43	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ignatus Renwick (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Charity Thomas (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N. Schroeder St.

19 JAN 16 1941 (Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1941, at 8.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1941, to 1-14 1941, and that I last saw h er alive on 1-14 1941.

	Duration
Immediate cause of death Hypertensive arterio-vascular disease	?
Due to Cerebral hemorrhage	?
Due to Diabetes mellitus	?
Other Conditions Uterine fibroids	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1-6-41 – uterine fibroids
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 1-14-41

F 76464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 31-F-76464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 Brunt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Brunt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1425

3 (a) FULL NAME Clara A. Dyer.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-1876

8. AGE: Years 64 | Months 8 | Days 17 | If less than one day hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Nicholas Cross
13. Birthplace Balt. Co. Md

MOTHER
14. Maiden Name Minerva Crawford
15. Birthplace Balt. Co. Md

16 (a) Informant Mrs. Frances Bryant
(b) Address 2022 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. F. Gorsuch
(b) Address 1631 Druid Hill Ave

19 (a) Date received by Registrar JAN 16 1941 (b) Registrar's No. 8 by Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1941. 8:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1940, to Jan 12 1941, and that I last saw h alive on Jan 12 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 25 days.

Due to Cardio-renal vascular disease — ?

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Pifer M.D.
Address 436 W. Lanvale Date signed 1/16/41

F 76465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 76465

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1461 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JESSE JENKINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 5 1867

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Scottsburg Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Jessie Jenkins
13. Birthplace Scottsburg Va

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-41 (month) (day) (year)
(c) Cemetery or crematory Weldon
Location North Carolina

18 (a) Funeral director J. R. Booker
(b) Address 1463 N Carey St.

19 (a) Filed (b) Registrar Victor Williams, M.D. Registrar

1-16-41

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1941, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1941. to Jan 15 1941.
and that I last saw him alive on Jan. 15 1941.

Immediate cause of death Miliary Tuberculosis — Duration: over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Hupik M. D.
Address St. Joseph Hosp. Date signed 1/16/41

6466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 76466

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 East St. St., 2-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Augustine Pastorio

If U. S. Veteran specify WAR .....

(a) Residence: No. 1902 East St., St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leo Pastorio

6. DATE OF BIRTH (month, day, year) August 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 67	4.	20 16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Phillip Pastorio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lena Mortides
(Address) 312 N Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 17, 1941

19. UNDERTAKER Wendell W. Bugbee
(Address) 812.5 Eighteenth Ave.

FILED ..... 19.....
Registrar.

JAN 16 1941

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1940 to Jan 14, 1941

I last saw h.. alive on Jan 14, 1941. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	5 Days
Arteriosclerosis	2 yrs
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James F. Cavanagh M. D.

(Address) 3328 McElderry St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76467

F 76467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not correct except by affidavit. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 322 N. Paca Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. Paca Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIAM EDWARD PENN FRANCK

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-09-3919

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Franck

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1875

8. AGE: Years 65 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Kanne & Franck

FATHER
12. Name George Franck
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Schaefer
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Bernadine Snyder
(b) Address 5252 Frederick Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/16/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

Date rec'd by registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1941, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27 1940 to 1/13 1941, and that I last saw him alive on Jan. 13 1941.

Immediate cause of death Arteriosclerosis — **Duration** (?)

Due to .....

Due to .....

Other Conditions Coronary Occlusion

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature William S. Tiplett, M. D.
Address 1326 W. Lombard **Date signed** 1/15/41

76468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 76468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 E Lemmert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hubert Keys

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-3430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Cora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1890

8. AGE: Years	Months	Days	If less than one day
50 51	8	17	hr. min.

9. Birthplace Baltimore, Maryland (town, county, state)
10. Usual Occupation Blacksmith Helper
11. Industry or business B & O R.R.

FATHER: 12. Name John Keys
13. Birthplace Baltimore, Maryland

MOTHER: 14. Maiden Name Marion Smith
15. Birthplace Baltimore, Maryland

16 (a) Informant Mildred Keys (Sister)
(b) Address 1504 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn, Md. Balto. Co. Md.

18 (a) Funeral director Malgreta L. Thomas
(b) Address 1422 Light St

19 (a) Jan 16 1941 (b) Huntingtor Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1941, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1940, to 1/15 1941, and that I last saw h/m. alive on 1/15 1941.

Immediate cause of death	Duration
Sarcoma Rt Pleura	
Due to Metastasis to Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Same

Of autopsy Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frederick Johnston Jr M. D.
Address Md General Hosp. Date signed 1/15/41

F-76469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Bretton Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Bretton Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Marietta Gahan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William C. Gahan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1857

8. AGE: Years	Months	Days	If less than one day
83	3	0	hr. min.

9. Birthplace Talbot Co., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Daily
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Josephine E. Satterfield
15. Birthplace ----- Maryland

16 (a) Informant Isaac S. George
(b) Address 406 Bretton Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director A. W. Means & Son
(b) Address 805 North Calvert Street

19 (a) JAN 16 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941. at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1941 to 1/15 1941.
and that I last saw her alive on 1/15 1941.

Immediate cause of death	Duration
Arteriosclerotic Heart,	6 weeks
Due to Arteriosclerosis,	
Due to Senile (cont.) Bladder, Bronchostasis	
Other Conditions Chr. Arthritis	

(Include pregnancy within ...)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 2020 N. Charles Date signed 1-16-41

F 76470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 76470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 Albemarle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Albemarle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Montemurro

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Vincent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1866

8. AGE: Years	Months	Days	If less than one day
74	-	18	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lauletta
13. Birthplace Italy

MOTHER
14. Maiden Name —
15. Birthplace Italy

16 (a) Informant Rose Fopiano
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 248 E. Baltimore St

19 (a) (Date received by Registrar) (b) Registrar

JAN 16 1941
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Jan 14 1941, and that I last saw h[illegible] alive on Jan 14 1941.

Immediate cause of death — Duration

Cerebral Hemorrhage — 20 days.

Due to

Due to

Other Conditions arteri sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph G. Valentino M. D.
Address 610 Woodall St Date signed 1-15-41

F 76471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

F 76471
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 W Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 615 W. Fairmount Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John N. Alton

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Susieanna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1880

8. AGE: Years	Months	Days	If less than one day
60	9	0	hr. min.

9. Birthplace Cedar Shore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Alton
13. Birthplace Waterbury, Md

MOTHER
14. Maiden Name Massie Holly
15. Birthplace Md

16 (a) Informant Susieanna Alton
(b) Address 615 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A. Sively
(b) Address 409 N. Mount Street

19 JAN 16 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 12:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic atrophy of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Vandersupt M.D.
Medical Examiner.
Date signed 1/17/41

W 76472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76472 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 N Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERTHA HELEN BUEHLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles W Buehler
6 (c) If alive, give age: dec. years

7. Birth date of deceased (mo., day, yr.) April 28, 1878

8. AGE: Years 62 | Months 9 | Days 17/3 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business: own home.

FATHER
12. Name: William Seitz
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Mary Moritz
15. Birthplace: Berlin, Germany

16 (a) Informant: Dexter Burns Mt Washington
(b) Address: 1011 Harley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18th 41 (month) (day) (year)
(c) Cemetery or crematory: Trinity
Location: Balto. City Md.

18 (a) Funeral director: Lassahn Funeral Home
(b) Address: 7 1941 Belair Rd.

19 (a) JAN 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1941, at 9:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 1-15-41

76473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E-76473

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 E Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 E Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY WORMLEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Holmes Wormley
6 (c) If alive, give age deceased

7. Birth date of deceased (mo., day, yr.) June 28th 1883

8. AGE: Years	Months	Days	If less than one day
57	6	17	hr. min.

9. Birthplace Essex County Virginia (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace Virginia

MOTHER
14. Maiden Name Tamra Childs
15. Birthplace Richmond Va

16 (a) Informant Helen Lewis - daughter
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph H. Locke, Jr.
(b) Address 1207 N. Central Ave.

19 (a) JAN 16 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1941, at 11:50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	unk
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-15-41

VS 6

76474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76474

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & CALVERT STS
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Carolina County
(c) City or town SOUTHERN PINES
(If outside city or town limits, write RURAL and give town)
(d) Street No. "The Pine Needles"
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADELE SHAW BOONE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife EMMETT E BOONE
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) OCT. 21, 1887

8. AGE: Years	Months	Days	If less than one day
53	2	22 25	hr. min.

9. Birthplace CHICAGO ILLINOIS
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name CHARLES J SHAW
13. Birthplace MASSACHUSETTS

MOTHER
14. Maiden Name ELIZABETH GORDON
15. Birthplace CANADA

16 (a) Informant Emmett E. Boone
(b) Address Southern Pines N.C.
17 (a) Cremation (b) Date thereof Jan 17-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave
18 (a) Funeral director John A Mitchell & Sons
(b) Address 800 Eutaw Place
19 JAN 16 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1941, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 3, 1941, to JAN 16 1941, and that I last saw her alive on JAN 16 1941.

Immediate cause of death	Duration
GLIOMA OF RIGHT FRONTAL LOBE OF THE BRAIN	4 MOS.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp. Date signed 1/16/41

VS 3

76475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 76475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home & INF.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa B. Woolford

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1863

8. AGE: Years	Months	Days	If less than one day
77	3	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Woolford
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Caroline Evans
15. Birthplace Baltimore Md.

16 (a) Informant Thomas G. Groff
(b) Address Preston & Eutaw Sts Baltimore
17 (a) (Burial, cremation, or removal) (Date thereof) Jan 17-41
Cemetery or crematory Loudon Park
Location 3800 Baltimore Ave, Forest Park Md
18 (a) Funeral director Chas Mitchell Sons
(b) Address 1800 Eutaw Place
19 JAN 16 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941 at 1.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to Jan 16 1941, and that I last saw her alive on Jan 16 1941.

Immediate cause of death	Duration
Cardiac Failure	?
Pulmonary Edema	6 hrs.
Due to Hypertensive H. D.	?
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kerman M.D. M. D.
Address Church Home & Inf. Date signed 1/16/41

76476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-W

F 76476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Loudon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morton E. Sewell

3 (b) If veteran, name war —

3 (c) Social Security Account No. Will-Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colo	Married

6 (b) Name of husband or wife Mrs. Mary Sewell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1881

8. AGE: Years	Months	Days	If less than one day
59	6	11	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation Foreman Hardware
11. Industry or business Coggins & Owens

FATHER: 12. Name Unknown
13. Birthplace

MOTHER: 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wife Mrs. Mary H. Sewell
(b) Address Same 526 N. Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17-41 (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Richmond Virginia

18 (a) Funeral director Charles J. Black
(b) Address 742 W. Fourth Ave.

19 (a) Date received JAN 16 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 9.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan 15 1941, and that I last saw him alive on Jan 15 1941.

Immediate cause of death	Duration
Streptococcic Meningitis	
Due to Otitis Media	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lemmon M. D.
Address Md. Gen. Hosp. Date signed 1/16/41

E 76477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

E 76477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Hospital for the Women of Md.
(a) Baltimore City, Maryland
(b) Street address Lafayette & John St.
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Woodbine
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Mullinix Duvall

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 9 1882

8. AGE: Years	Months	Days	If less than one day
58	7	14	..... hr. ..... min.

9. Birthplace Mullinix Mill, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Solions Mullinix
13. Birthplace Montgomery Co

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant John Duvall.
(b) Address Woodbine Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/17/41 (month) (day) (year)
(c) Cemetery or crematory Damascus Md
Location Montgomery Co Md

18 (a) Funeral director Roy W Barber
(b) Address Laytonsville Md

19 (a) Date JAN 17 1941 (b) (registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 1:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941, to Jan 16 1941, and that I last saw her alive on Jan 16 1941.

Immediate cause of death ..... Duration

Pulmonary abscess ?
Due to Staph. aureus
Chronic Hypertensive C-V disease
Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations None done
Of autopsy None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Norwood D. Linn M. D.
Address Hosp for Women Date signed Jan 16, 41

VS 3

F 76478

F 76478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore General
(c) Hospital or institution: Dukeland & Rayner Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 N Pulaski St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Julius Silberschlag
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gussie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62 61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Shoe Merchant

FATHER
12. Name Charles Silberschlag
13. Birthplace Austria

MOTHER
14. Maiden Name Rosie ?
15. Birthplace Austria

16 (a) Informant Gussie Silverschlag
(b) Address 2227 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1124 W North Ave

19 (a) Date received by local registrar JAN 17 1941 (b) [illegible] for Williams MB

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1941, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/8 1941 to 1/16 1941, and that I last saw him alive on 1/16 1941.

Immediate cause of death
Uremia — Duration 5 days
Due to Prostatic hypertrophy — 2 years
Due to — over
Other Conditions Coronary thrombosis, arteriosclerosis with dis — 2 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Gratt
Address W.B.G.H. Date signed 1/16/41 M. D.

F 76479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hortense C. Kaufman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
53	—	—	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name David Kaufman
13. Birthplace Germany

MOTHER
14. Maiden Name Unkown
15. Birthplace Germany

16 (a) Informant Frank Kaufman
(b) Address Mt Royal Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Jan 17 1941 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan, 16, 1941 at 8.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1938 to Jan 16 1941.
and that I last saw h[illegible] alive on Jan 16 1941.

Immediate cause of death Hypertensive Encephalopathy — Duration 3 hrs.
Due to Essential Hypertension — 3 yrs.
Due to
Other Conditions Hypertension + Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J Shenkin
Address 2302 Eldorado Date signed 1/16/41

F 76480

F 76480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3747 Reisterstown Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3747 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dena Epstein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Morris Margolis
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel ?
15. Birthplace Russia

16 (a) Informant Samuel Epstein
(b) Address 3747 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 17 1941 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 19 41, at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 19 41, to 1/16 19 41, and that I last saw her alive on 1/16 19 41.

Immediate cause of death Pneumonia (HERPES ZOSTER) — Duration 1/12/41
Due to Herpes Zoster — 1/3/41
Due to General arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 2320 Eutaw Pl Date signed 1/16/41 M. D.

F 76481 F 76481

BALTIMORE CITY HEALTH DEPARTMENT

OF 62429 CERTIFICATE OF DEATH 159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby boy Tickenor (Stella) Birth # F 21415

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4, 1941

8. AGE: Years | Months | Days: 9 10 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Stella Macadoff
15. Birthplace New York

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-15-41 (month) (day) (year)
(c) Cemetery or crematory 3:15 P.M.
Location Balto. City Hospitals

18 (a) Funeral director
(b) Address

19 (a) [illegible] (Registrar) (b) [illegible] (Registrar)

JAN 17 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-41 19 to 1-14 1941, and that I last saw him alive on 1-14 1941.

Immediate cause of death Prematurity — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-16-41

F 76482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 76482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 Palmona Ave (If rural give location) Palermo
(e) If foreign born, how long in U. S. A.? years

20 T

3 (a) FULL NAME Geraldine Snyder

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband ~~or wife~~ George Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1914

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	5	13		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mother Augusta Donnelly
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mother R. Mary Young
15. Birthplace Baltimore

16 (a) Informant Mrs. Augusta Young
(b) Address 153 Palmona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westview
Location Elmwood Ave & Longwood St

18 (a) Funeral director Harry H Wilke
(b) Address 4101 Edmondson Ave

19 (a) Date received by Registrar JAN 17 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1940 to 1-14 1941, and that I last saw her alive on 1-14 1941.

Immediate cause of death Intestinal Obstruction — Duration

Due to Abdominal Carcinomatosis

Due to Adeno-carcinoma uterus ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdominal carcinomatosis
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Hoen M. D.
Address University Hosp. Date signed 1/17/41

76483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-C Registered No. F 76483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3909 Forest Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3909 Forest Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN WILLIAM SHEFFER

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 218-09-2027

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Ellen Sheffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1868

8. AGE: Years 72 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Martinsburg, W. Va. (Town, county, and state)
10. Usual Occupation Sec. Treas.
11. Industry or business Charles J. Taylor & Co., Inc.

FATHER
12. Name Jesse Sheffer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Isabel Keifel
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Mary E. Sheffer
(b) Address 3909 Forest Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) Jan 17, 1941 (Date received by registrar) (b) [illegible] (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1941, at 4:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23, 1940, to Jan. 15, 1941, and that I last saw him alive on Jan. 15, 1941.

Immediate cause of death: Abdominal malignancy — Duration ?
Due to: —
Due to:
Other Conditions: Secondary anemia (Include pregnancy within 3 months of death)

over

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Sussman M. D.
Address 340 Eutaw Place Date signed Jan. 16 1941

F 76484 F 76484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 865 W. Lombard Street St., 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Henry Brengle

If U.S. Veteran specify WAR .....

(a) Residence: No. 865 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Brengle

6. DATE OF BIRTH (month, day, year): April 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
83	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Piano Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired - 20 yrs.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Frederick, Maryland

FATHER

13. NAME: John Nicholas Brengle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christiana Muller

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Louise Brengle
(Address): 856 W. Lombard Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: Loudon Park Date: 1/18/41 19

19. UNDERTAKER: Wm. J. Tickner & Sons,
(Address): North & Pa. Avenues

FILED JAN 17 1941 Hattie Taylor Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-16-41 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 36 to Jan. 16, 19 41

I last saw him alive on Jan 16 19 41 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease.	
Arteriosclerosis	
Other contributory causes of importance:	
Auricular Fibrillation	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Vernon Langhutty M. D.

(Address) 104 W. Madison St.

F 76485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 76485 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 29-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 Echodale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARVEY VON HARTEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lottie A. Von Harten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1879

8. AGE: Years	Months	Days	If less than one day
61	9	16	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Captain—Police Dept.
11. Industry or business Baltimore City

FATHER
12. Name George Von Harten
13. Birthplace Charleston, South Carolina

MOTHER
14. Maiden Name Ida Kuhn
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lottie A. Von Harten
(b) Address 3814 Echodale Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director Wm. J. Dickus & Sons
(b) Address North & Pa Ave

JAN 17 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 4:20 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive heart disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-17-41

VS 6

F 76486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 76486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 19-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mason M. Townshend

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-0553

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife C. Maud Townshend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-1872

8. AGE: Years	Months	Days	If less than one day
68	9	26	hr. min.

9. Birthplace Carroll Co., Maryland (Town, county, and state)
10. Usual Occupation Solicitor Transportation
11. Industry or business Business

FATHER
12. Name Grofton Towshend
13. Birthplace Prince George Co., Md.

MOTHER
14. Maiden Name Margaret Walters
15. Birthplace Maryland

16 (a) Informant Mrs. C. Maud Towshend
(b) Address 714 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto City

18 (a) Funeral director Wm A. Tuckner & Sons
(b) Address North & Pa Aves.

19 JAN 17 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 3½ P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Handschuh M.D. Medical Examiner.
Date signed 1/16/41

F 76487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76487 ✓ 164a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Belgium (b) County
(c) City or town Sijwondrecht (If outside city or town limits, write RURAL and give town)
(d) Street No. Heidenraat (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 week years

3 (a) FULL NAME Jan Ernest-Raymond Van Acoleyen (Jan Ernest Raymond Van Acoleyen)

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1906

8. AGE: Years	Months	Days	If less than one day
34	1	11	hr. min.

9. Birthplace Belgium (Town, county, and state)

10. Usual Occupation Carpenter - SS Persier

11. Industry or business

FATHER
12. Name Jan Van Acoleyen
13. Birthplace Belgium

MOTHER
14. Maiden Name Unknown
15. Birthplace Belgium

16 (a) Informant Captain J. Heusers
(b) Address SS Persier

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director [illegible]
(b) Address 100 S. [illegible]more St

19 (a) [illegible] (b) [illegible] Registrar

JAN 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 3 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hanging	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/16/41
(c) Where did injury occur? S.S. Persier - Belgium Reg. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Ship While at work? No (Specify type of place)
(e) Means of injury Hanging - by rope

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/16/41

(over)

F 76488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c ✓ F 76488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 So Hilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 So Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-b

3 (a) FULL NAME William T. Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-2905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Morrow
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May 31, 1857

8. AGE: Years	Months	Days	If less than one day
83	7	16	hr. min.

9. Birthplace Anne Arundel Co., Md. (Town, county, and state)
10. Usual Occupation Fireman - Steam Boiler
11. Industry or business Victor G. Bloede Co., Inc.

FATHER
12. Name John Thomas Baldwin
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Sarah Ann Bryan
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Mrs. Mary A. Baldwin
(b) Address 127 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director O'Donovan
(b) Address 1005 W. Baltimore St.

19 (a) (b)
Date received by registrar Registrar

JAN 17 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 10 42 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury Chest	
Rupture of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 20-b
(b) Date of occurrence 1/15/41
(c) Where did injury occur? Infront of 127 So Hilton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - struck by automobile

23. Signature Wm T. VanderGrift M.D. Medical Examiner.
Date signed 1/16/41

Louese H Grahl

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63B

F 76489 Registered No. 76489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1028 Pine Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Pine Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louese M Grahl

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Hugo V Grahl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1878

8. AGE: Years	Months	Days	If less than one day
62	7	30	29 hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ferdinand Langer
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Stahl
15. Birthplace Germany

16 (a) Informant Hugo V Grahl
(b) Address 1028 Pine Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director F. Vernon Kahlert
(b) Address 2301 Edmondson Ave.

19 (a) JAN 17 1941 (Date received by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1937 to Jan. 14 1941, and that I last saw h[illegible] alive on Jan 9 1941.

Immediate cause of death Myocardial failure due to arterio sclerosis — Duration ?

Due to — Duration

Due to — Duration

Other Conditions Hypothyroidism — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard B. Schreiber M. D.
Address 5 W. Fulton Ave. Date signed 1-16-41

F 76490

MRS. RUTH DENNER CLARKE ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

F 76490 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ruth Denner Clarke

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-9513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Div.

6 (b) Name of husband or wife Newton D. Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1898

8. AGE: Years	Months	Days	If less than one day
42	9	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business —

FATHER
12. Name Mr. George E. Denner
13. Birthplace Md.

MOTHER
14. Maiden Name Ida May Frederick
15. Birthplace Md

16 (a) Informant George E. Denner
(b) Address 4018 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18-1941 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Manchester, Carroll Co. Md.

18 (a) Funeral director Horace M. Burgee
(b) Address 3631 Falls Road

19 (a) (Date received by registrar) (b) Hunterstown, Pa.

JAN 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1941, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1941 to 1/15 1941, and that I last saw her alive on 1/15 1941.

Immediate cause of death. Peripheral circulatory collapse — Duration 1 day

Due to Primary generalized peritonitis — 3 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Peritonitis
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Calvin Abrams, M. D.
Address Union Memorial Hosp Date signed 1/15/41

F 76491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G

Registered No. 76491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Bethel St. (Saint) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Vincent (61161)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Ben Harrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE:	Years	Months	Days	If less than one day
	38?			hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Fred & Jessie Hicks
13. Birthplace N. Car.

MOTHER
14. Maiden Name Emma ?
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 17 1941 (Registrar's signature) Huntington Williams, M.D.

VS 8

6181

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1941, at 3:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22, 1940 to Jan. 11, 1941, and that I last saw h alive on 19

Immediate cause of death Pulmonary tuberculosis & cavitation of right lung — Duration ?

Due to Tuberculosis enteritis — ?

Due to Avitaminosis — ?

Due to — ?

Other Conditions Alcoholic mental deterioration. Treated syphilis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard
Address Balto. City Hospitals Date signed 1-13-41 M. D.

F 76492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A

F 76492 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N. Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Tawney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James Tawney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 1869

8. AGE: Years 71 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Francis Hatterwick
13. Birthplace Germany

MOTHER
14. Maiden Name Madaline Krenzer
15. Birthplace Lancaster Co.

16 (a) Informant Frank Tawney
(b) Address 1421 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director John E. Mulloy Sons
Address 24 25 E. Oliver St

19 (a) Filed (Date rec'd by registrar) (b) Thos Williamson, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941, to 1-16 1941, and that I last saw her alive on 1-16 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Low grade upper respiratory infection	
Due to	
Other Conditions Arteriosclerotic - Cardiovascular renal disease. (Include pregnancy within 3 months of death)	

Major findings:
Of operations none performed -
Of autopsy none obtained -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Stapleton, M. D.
Address St. Joseph's Hosp. Date signed 1/16/41

F 76493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76493 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Augusta BACHMAN
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 13 1872

8. AGE: Years	Months	Days	If less than one day
69 68	0	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace Not known.

MOTHER
14. Maiden Name Mary Bachman
15. Birthplace Maryland.

16 (a) Informant Mrs. W. H. Mulky.
(b) Address 405 Woodburn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17-41 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto Md.

18 (a) Funeral director Mrs Chas A. J Rohde
(b) Address 2327 Edmondson Ave

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1941, at 5:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5/40 19 , to 1/15 1941, and that I last saw her alive on 1/15 19 41.

Immediate cause of death: Gangrene of left foot — Duration: 9 mos.
Due to: Diabetes mellitus.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Gangrene, left foot.
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. D. Kreig, M.D.
Address Bon Secours Hosp Date signed 1/15/41

VS 3

F 76494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 E. Madison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-30-1879

8. AGE: Years	Months	Days	If less than one day
61	4	16	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name James Cummings
13. Birthplace Unk.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 20 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
(c) Harrington Williams, M.D.

JAN 17 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1941, at 2:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941, to 1-16 1941, and that I last saw her alive on 1-15 1941.

Immediate cause of death: Carcinoma of both breasts & metastases — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney P. Gilbert Jr.
Address Baltimore City Hosp. Date signed 1/16/41

VS 3

F 76495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 76495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 11 days
(e) Length of stay in Baltimore (yrs., mos., or days): Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1717 Madison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Harrison B. Hurt

3 (b) If veteran, name war:

3 (c) Social Security Account No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Julia Hall
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Feb. 15, 1892

8. AGE: Years	Months	Days	If less than one day
48	11	0	hr. min.

9. Birthplace: Goodview, Virginia (Town, county, and state)
10. Usual Occupation: Janitor
11. Industry or business:

FATHER
12. Name: Markin Hurt
13. Birthplace: Goodview, Virginia

MOTHER
14. Maiden Name: Rosa Collins
15. Birthplace: Augusta, Georgia

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Hope
Location: National

18 (a) Funeral director: Chas H Colgrove & Sons
(b) Address: 200 McCulloh St

JAN 17 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15, 1941 at 8:25A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4, 1941 to Jan. 15, 1941, and that I last saw him alive on Jan. 15, 1941.

Immediate cause of death	Duration
Broncho-pneumonia, diffuse	6 days
Due to	
Due to	
Other Conditions: Aneurysm of Innominate artery, luetic	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 1/15/41

VS 3

62703-FD
76496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 76496

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 McHenry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Rhodes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-40

8. AGE: Years	Months	Days	If less than one day
0	10	27	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Lawrence Rhodes ?
13. Birthplace Pa. ?

MOTHER
14. Maiden Name Margaret L. Gilbert ?
15. Birthplace Balto. ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Baltimore, Md.

18 (a) Funeral director Howard D. Covington
(b) Address 21 W. 25th St.

19 JAN 17 1941 (b) Huntington Hill (Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14-41 19..., to 1-16 1941, and that I last saw her alive on 1-16 1941.

Immediate cause of death	Duration
Capillary Bronchitis	
Bronchopneumonia	5 days
Due to Pneumococcus	
Type IX	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-16-41

E 76497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a E 76497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. Madeira St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 N. Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. Andrews

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1888

8. AGE: Years	Months	Days	If less than one day
52	4	13	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Cooper
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Boehm
15. Birthplace Balto

16 (a) Informant Frank Andrews
(b) Address 219 N. Madeira St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 18 41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4400 BELAIR RD

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address 1201 EDMONDSON AVE

19 (a) (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

JAN 17 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Jan 14 1941, and that I last saw her alive on Jan 14 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage (Apoplexy)	1 week
Due to	
Due to Generalized Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed M. 1 D. 15/41

F 76498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 76498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 W. Fairmount Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM JOSEPH THOMAS

3 (b) If veteran, name war World War

3 (c) Social Security Account No. no

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Leona Hiderson

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 10/5/1895

8. AGE: Years 45 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Washington, D. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business odd jobs.

FATHER
12. Name William J Thomas
13. Birthplace Charles County, Md

MOTHER
14. Maiden Name Margarete Jackson
15. Birthplace Washington D.C.

16 (a) Informant friend-Mrs Elsie Castle
(b) Address 2426 Etting St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 17-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. National Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Edwards St

19 JAN 17 1941 (Date rec'd by registrar) **(b)** Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1941, at 9:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~Autopsy~~ Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cardiac disease
Due to vascular, mitral regurgitation
Due to
Other Conditions none
(Include pregnancy within 3 months of death)

Duration 2 Yrs

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Z Wollenweber M.D.
Last Medical Examiner.
Date signed 1-14-41

VS 6

76499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-B

F 76499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DENNIS DABNEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	216-06-2986	m	W	MARRIED

6 (b) Name of husband or wife PEARL DABNEY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 25 1896

8. AGE: Years	Months	Days	If less than one day
W 34	0	20	hr. min.

9. Birthplace VIRGINIA (Town, county, and state)
10. Usual Occupation SHIP YARD EMPLOYEE
11. Industry or business GLOBE SHIP YARDS

FATHER
12. Name WILLIAM DABNEY
13. Birthplace VA.

MOTHER
14. Maiden Name JENNIE W. FORLOUGH
15. Birthplace VA.

16 (a) Informant PEARL DABNEY (WIFE)
(b) Address 1735 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 18/41 (month) (day) (year)
(c) Cemetery or crematory ST. MATTHIAS
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 JAN 17 1941 (Date rec'd by Registrar) (b) Huntington Nilhouse, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1941, at 8 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of occipital bone, Skull	
Due to	
Due to	
Other Conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-15-41 25-2
(c) Where did injury occur? 2800 blk Hanover St. Bridge Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury auto car collided with truck

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-15-41

VS 6

76500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 76500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Fairview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Evans

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3, ~~1880~~ 1881

8. AGE: Years	Months	Days	If less than one day
59	10	14	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benjamin Templeton
13. Birthplace Georgia

MOTHER
14. Maiden Name Judy Franklin
15. Birthplace Georgia

16 (a) Informant Daughter - Mrs James Dow
(b) Address 3407 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-1941 (month) (day) (year)
(c) Cemetery or crematory Mathews Co. Va
Location Virginia

18 (a) Funeral director Francis E. Lyles
(b) Address 1200 W. Baltimore St

19 (a) JAN 17 1941 (Date rec'd by registrar) (b) ~~Huntingtown~~ Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 12 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Jan 17 1941, and that I last saw her alive on Jan 16 1941.

Immediate cause of death: Bronchopneumonia. — Duration: 2 days.

Due to: Melanotic Sarcoma with metastases.

Due to:

Other Conditions: Cerebral hemorrhage. (Include pregnancy within 3 months of death) — 12 days

Major findings:
Of operations: Melanotic Sarcoma of skin; (back)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo F Johnston Jr. M. D.
Address Med School Date signed

76501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 76501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N. Bethel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Bethel
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Cousins

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jane Cousins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1886

8. AGE: Years 55 | Months — | Days 8 | If less than one day hr. min.

9. Birthplace Goochland Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Phillip Cousins
13. Birthplace Va

MOTHER
14. Maiden Name Jerdinia Taylor
15. Birthplace Va

16 (a) Informant Alice Gabbins
(b) Address 526 N. Bethel

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Irwin Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (Date rec'd by registrar) JAN 17 1941 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 – 15 1941 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941, to Jan 15 1941, and that I last saw him alive on Jan 14 1941.

Immediate cause of death: Lobar Pneumonia — Duration: 7 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Smoke

Address 1126 Druid Hill Date signed 1-16-41 M. D.

76502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 76502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 737 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flora Homak

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William Homack
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1888.

8. AGE: Years	Months	Days	If less than one day hr.	min.
53 About 52	years			

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant William Homak.
(b) Address 737 W Lexington St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1-18-41. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet.
Location

18 (a) Funeral director Wendell & Humphreys.
(b) Address 1501 N. Broadway.

19 JAN 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-41. 19 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 19 40 to Jan 12 19 41. and that I last saw h alive on Jan 12 19 41.

Immediate cause of death Chronic Myocarditis — Duration 2

Due to

Due to

Other Conditions Chr. Nephritis — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Homak M. D.
Address 753 W Fayette St. Date signed 1-16-41

76503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 76503 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3721 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 3 years

3 (a) FULL NAME MARIA NICOLA MEMMO

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: None

4. Sex: Fem.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: ~~XXX~~ late Domenico A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2nd 1865
8. AGE: Years 75 | Months 4 | Days 14 | If less than one day: hr. min.
9. Birthplace Apolla Salerno Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Graziano Celentano
13. Birthplace Italy

MOTHER
14. Maiden Name Luigia Cancro
15. Birthplace Italy

16 (a) Informant Salvatore Memmo (Son)
(b) Address 3721 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location Germanhill Rd. Dundalk Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 JAN 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1941, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941, to Jan 16 1941, and that I last saw her alive on Jan 15 1941.

Immediate cause of death

		Duration
Due to	Acute dilatation of the heart	1 day
Due to	Acute cardio-paralytic failure	10 days
Due to	Artio-sclerosis - hypertension & Chr. Nephr.	2
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest R. McCarthy M.D.
Address 232 S. Caulding Date signed 1-17-1941

76504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-1

Registered No. E 76504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 St Paul St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 St. Paul St (If rural give location)
17
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Frances Boring Churchill

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Isaac F. Churchill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 17 1869

8. AGE: Years	Months	Days	If less than one day
71	2	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Robt R. Boring
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Frances Patterson
15. Birthplace Prince George's Co. Md

16 (a) Informant Mrs Flonnie Bowley (sister)
(b) Address 1806 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Stewart Mason Co
(b) Address 1011 N Eutaw St.

19 JAN 17 1941 (Date rec'd by registrar) (Signature) Hunter for Williams, M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941, to Jan 16 1941; and that I last saw her alive on Jan 16 1941.

Immediate cause of death	Duration
Hypostatic Pneumonia	4 days
Due to Acute Endocarditis	1yr
Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alonzo B Lennan M.D.
Address 718 N Patterson Park Ave Date signed 1/16/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 76505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 76505

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Collins Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 & 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Collins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Anita L. Rose Birth # F 11224

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1940.

8. AGE: Years	Months	Days	If less than one day
1 0	7	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Francis E. Logan
13. Birthplace Md.

MOTHER
14. Maiden Name Audrey L. Rose
15. Birthplace Baltimore Md.

16 (a) Informant Audrey L. Rose
(b) Address 120 Collins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41. (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Md.

18 (a) Funeral director Martin Finley & Sons
(b) Address 1827 W. North Ave.

19 (Date received by Registrar) JAN 17 1941 Martin J. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1941, to 1/16 1941, and that I last saw h[illegible] alive on 1/16 1941.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to:
Due to: — Duration: over
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Carlson M. D.
Address 445 W Balto St Date signed 1/17/41

76506

HEALTH DEPARTMENT—CITY OF BALTIMORE

76506

CERTIFICATE OF DEATH

✓ 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N. Appleton St. St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Kaufmann

If U. S. Veteran specify WAR .....

(a) Residence: No. 813 Lyndhurst St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND (or) WIFE of of the late John C. Kaufmann

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 74Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

FATHER

13. NAME Frank Woods

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Ann Coogan

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT John F. Kaufmann

(Address) 813 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Jan.-20-1941

Place ..... Date ..... 19..

19. UNDERTAKER Henry Hoeche & Sons Inc.

(Address) 1301 E. Eager St.

FILED ..... 19.. ..... Registrar.

JAN 21 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-16-1941

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936 to Jan 12 1941

That saw her alive on Jan 12 1941 Death is said to have occurred on the date stated above, at 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio Sclerosis	
Cardiac hypertrophy	1936
chr. nephritis	
Other contributory causes of importance:	
Diabetes mellitus	
Hypertheyroidism	1935

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B. A. Michelsen M. D.

(Address) 2230 Eutaw Place

N. B.—WRITE PLAINLY with pen and ink. Use typewriter if possible. AGE must be given in all cases. Medical information should be carefully supplied. AGE, sex and color are important for statistical purposes. Be sure that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V69 1947

H. Taylor Williams M.D. Registrar.

GKC

F 76507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c F 76507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Govans Park
(d) Street No. 24 Linganore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Balto Co years

3 (a) FULL NAME Andrew J Laughert

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-9254

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie A. Laughert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 1885

8. AGE: Years	Months	Days	If less than one day
55	5	24	hr. min

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Mgr
11. Industry or business L. B. Gilbert & Co

FATHER
12. Name Martin L. Laughert
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Zeiler
15. Birthplace Germany

16 (a) Informant Minnie A. Laughert
(b) Address 24 Linganore Ave

17 (a) Balto Burial (Burial, cremation, or removal) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) JAN 17 1941 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 6 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull, base
Intracerebral hemorrhage

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/15/41 5:2
(c) Where did injury occur? Orleans (City or town) Somerset (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by motor truck

23. Signature Frank Buchanan M.D.
Medical Examiner.
Date signed 1-17-41

VS 6

F 76508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a Registered No. F 76508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 N. Bethel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 N. Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline M. Bartels

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry Bartels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11. 1859

8. AGE: Years	Months	Days	If less than one day
81	7	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Confectionery Store Keeper
11. Industry or business —

FATHER
12. Name Robert E. Cooper
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anthony A. Kaiser
(b) Address 1500 N. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Jas. Mrs. John W. Geipel & Son
(b) Address 801 W. Fayette St.

19 (a) JAN 17 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1941, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 4 1941 to January 15 1941. and that I last saw her alive on January 15 1941.

Immediate cause of death — Duration
Influenza — 10 Days
Due to
Due to
Other Conditions Lobar Pneumonia — 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Cassenberg M.D.
Address 2025 E. North Ave. Date signed 1/16/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 76509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1161-C Registered No. F 76509

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 779 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY POINTER Birth # F 21560

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-41

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Baby
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Mabel Pointer
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JAN 17 1941 (b) Huntington Williams, M.D. Registrar
(Date received by registrar) 6183

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1941, at 12 05 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Hemorrhage Meninges of Newborn. — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L Wallenmaier M.D. Medical Examiner
Date signed 1-14-41

76510

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940

F 76510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Last Address 1626 Raymond Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emmit Turnbull.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1941
Commissioner of Health

18 (a) Funeral director
(b) JAN 17 1941 per H. A. Moore.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
5184

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 7:58 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Exposure & Cold — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 1/13/41

F 76511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-N Registered No. F 76511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Found
(a) Baltimore City, Maryland
(b) Street address 6816 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1645
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown Benjamin Frank Blevins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	-

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
41 ~~55~~			hr. min

9. Birthplace Joseph Town Charles Co Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 17 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

6185

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1941, at 2:00 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cardio - vascular Disease	
Due to	
Due to	

Other Conditions Hypertrophic Liver Cirrhosis Arterio-sclerosis; Ch. Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes - above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 1-11-41

(over)

F 76512

HARPER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1168

Registered No. F 76512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 Orleans St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Harper

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

JOHNS HOPKINS MEDICAL SCHOOL JAN 17 1941

Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

3185

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 11 — 1941, at 2.25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1 — 10 — 41
(c) Where did injury occur? Patterson Ave. & Southern St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Blunt Force (Brick)

23. Signature Howard J. Moreau M.D.
Medical Examiner.

Date signed 1 — 11 — 41

76513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 76513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 329 Route 3, Bay Ridge Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RUFUS M. HOWARD

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-2957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Katherine Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	8	10		

9. Birthplace Talbot Co. Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name William Howard
13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Katherine Howard
(b) Address 204 King George St Annapolis Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-41 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Annapolis, Md.

18 (a) Funeral director B & L. Hopping
(b) Address Annapolis, Md.

19 JAN 17 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Staphylococci septicaemia	
Due to Fracture of right femur	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 29th, 1940
(c) Where did injury occur? Gymnasium of U.S. Naval Academy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell off scaffold

23. Signature H. L. Wallenweber M.D. Asst Medical Examiner.
Date signed 1-17-41

76514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 76514 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2529 Eastern Ave~~ 415 N. Curley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. Curley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Buckl

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1869

8. AGE: Years	Months	Days	If less than one day
71	9	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Michael Buckl
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Bickel
15. Birthplace Germany

16 (a) Informant Theresa Voith as Undertaker
(b) Address 415 N. Curley St

17 (a) Burial (b) Date thereof Jan 18/41 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Jelly & Sons
(b) Address 4031 Harford

19 (a) (Date received by registrar) (b) Thomas Taylor Williams M.D.
JAN 17 1941

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1941, at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Weaver M.D.
Medical Examiner.
Date signed 1-17-41

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 26515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct if possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4115 Newburn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bal'o
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4115 Newburn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey S. Rook

3 (b) If veteran, name war: World

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Mary E. Rook
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) July 7, 1899

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	[illegible]	9		

9. Birthplace Waynesboro, Pa. (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Navy Yard.

FATHER
12. Name Samuel Rook,
13. Birthplace Pa

MOTHER
14. Maiden Name Rebecca Read.
15. Birthplace Pa.

16 (a) Informant Mrs. Mary S. Rook,
(b) Address 4115 Newburn ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1941 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Baltimore, Md.

18 (a) Funeral director C. LeRoy Stufflebeam
(b) Address 1256 North Ave.

19 (a) Rec'd by registrar Huntington Williams (Registrar) Jan 17 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Handelsman M.D. Medical Examiner.
Date signed 1/16/41

76516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a E 76516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. at Madison
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Ann Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1864

8. AGE: Years 76 | Months 7 | Days 0 | If less than one day hr. min.

9. Birthplace Balt. Co. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin C. Osborne
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Susanne Weiner
15. Birthplace Mt. Carmel

16 (a) Informant Virginia Nelson
(b) Address Reisterstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown, Md

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md

19 (a) JAN 17 1941 (Date received by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1941 at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1940, to 1-17- 1941, and that I last saw her alive on 1-17- 1941.

Immediate cause of death	Duration
cardiac failure	
Due to Coronary Thrombosis	23 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Longfellow M. D.
Address Md. Gen. Hosp. Date signed 1/19/41

76517 60223-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

Registered No. F 76517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 28das.
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Riggs Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Moss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife. William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-8-1865

8. AGE: Years	Months	Days	If less than one day
75	6	9	hr. min.

9. Birthplace Del. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Williams Stricker
13. Birthplace Unk.

MOTHER
14. Maiden Name Margaret Synder
15. Birthplace Unk.

16 (a) Informant Bl.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location

18 (a) Funeral director M.C. Lyter
(b) Address 1600 W. Baltimore

19 JAN 17 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1941, at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1940, to 1-17 1941, and that I last saw h[illegible] alive on 1-17 1941

Immediate cause of death
Coprumma of Stomach
Broncho pneumonia
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
2 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Rydon M. D.
Address Balto City Hosp. Date signed 1-17-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

76518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. E 76518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3607 Roland ave

(c) Hospital or institution Melrose Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 202 S. Franklintown Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Powell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jas. G. Powell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8, 1866

8. AGE: Years 74 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jos. Hangarter

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name —

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs. Eva Ralph Daughter

(b) Address 202 S. Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Little

(b) Address 4816 E. Monument ave.

19 JAN 17 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22/40 to Jan 15 1941, and that I last saw h E/l alive on 1/10/41 19

Immediate cause of death: Cancer Left Breast — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. W. Wheeler M. D.

Address 4309 York Rd Date signed 1/17/41

76519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. E 76519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 800 Venable Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 800 Venable Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Eva Miller

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elmer A Miller

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.) Apr 21 1872

8. AGE: Years 68 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Lorenz Krieger

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine (Unknown)

15. Birthplace Germany

16 (a) Informant Elmer A Miller

(b) Address 800 Venable Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilhoyte Co

(b) Address 1219 N Paul St

19 (a) JAN 18 1941 (Date rec'd by registrar) Attesting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 910 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1940, to Jan 15 1941, and that I last saw h er alive on Jan 15 1941.

Immediate cause of death: Carcinoma of the Rectum — Duration: 16 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Rectum

Of autopsy None —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J Carlton Edel, M. D.

Address 3403 Garrison Blvd Date signed 1/17/41

VS 3

F 76520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P ✓ Registered No. F 76520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Guilford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert C. Bichy

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	Will Call

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 9. 1867

8. AGE: Years	Months	Days	If less than one day
93	4	4	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Tool Machinist
11. Industry or business Motor Truck Repair

FATHER
12. Name Herman Bichy
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Thuss
15. Birthplace Germany

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto
Location Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) Date received by Registrar JAN 18 1941 (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1941, at 8.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941, to 1-16 1941, and that I last saw him alive on 1-16 1941.

Immediate cause of death: Pulmonary Edema
Cardiac Decompensation — Duration: 1 hr.
Due to Arteriosclerotic C.V.D.
Due to Cardiac Dis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H A Brile M. D.
Address University Hosp Date signed 1-16-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

76521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 76521 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Logan

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9. 1856

8. AGE: Years 84 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles H. Logan

13. Birthplace Alexandria Va

MOTHER 14. Maiden Name Maria Wall

15. Birthplace Baltimore Md

16 (a) Informant Mrs Trout

(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Pelham & Co

(b) Address 1219 Park Ave

JAN 18 1941 (Date rec'd by registrar) Herrington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to Jan 16 1941, and that I last saw her alive on Jan 15 1941.

Immediate cause of death Chr. myocarditis — **Duration**

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Fenge E. Shannon M.D.

Address 700 N Fulton Ave Date signed 1/16/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. E 76522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3200 Clifton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs 9 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3200 Clifton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Catherine Butler Carew

3 (b) If veteran, name war — NC

3 (c) Social Security Account No. — NONE

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William Carew

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Apr 26, 1882

8. AGE: Years 58 | Months 9 mos | Days 22 21 | If less than one day — hr. — min.

9. Birthplace County Tipperary, Ireland (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business —

FATHER 12. Name John Butler

13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah Ryan

15. Birthplace Ireland.

16 (a) Informant William Carew

(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Wilson & Son

(b) Address 1615 E. Fayette St.

JAN 18 1941 (Date rec'd by registrar) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 11:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to June 17 1941, and that I last saw h alive on Jan 12 1941.

Immediate cause of death Carcinoma of Cervix

Due to —

Due to

Other Conditions Vesico-vaginal fistula

(Include pregnancy within 3 months of death)

Major findings: Of operations Extensive involvement of cervix, bladder, vagina

Of autopsy

Duration: Approximately 2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas F. Galvin M. D.

Address 113 N. Mannsfield Date signed 1/17/41

76523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ E 76523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Miles Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Miles Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M Cooper

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband ~~or wife~~ Daniel C Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1866

8. AGE: Years	Months	Days	If less than one day
74	11	15	hr. min

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business ~~e~~ f

FATHER
12. Name Thos Griffith
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Mrs Rose Elliott
(b) Address 2724 Miles Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-20 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St Marys
Location Maryland

18 (a) Funeral director McCann Bros
(b) Address 1700 E Fayette St

19 (a) JAN 18 1941 (Date rec'd by registrar) Whitney Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 19 41, at 1 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H A W Wallenmeier M.D. Asst Medical Examiner
Date signed 1-17-41

76524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D ✓ Registered No. F 26524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 191 Monastery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N Monastery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Elizabeth Seymour

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Walter O Seymour
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1868

8. AGE: Years	Months	Days	If less than one day
72	7	26	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name William E Benner
	13. Birthplace Germany
MOTHER	14. Maiden Name Unknown
	15. Birthplace Germany

16 (a) Informant Mrs [illegible] Mallory
(b) Address 1191 Monterey Pl
17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Cook
(b) Address 1219 E Fort Ave
19 JAN 18 1941 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 10 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1936, to Jan 16 1941, and that I last saw HER alive on Jan 13 1941.

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration Jan 16 '41
Due to: ARTERIOSCLEROSIS
Due to: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 19 X 0
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edward F. Milan, M. D.
Address 6 Huntington Blvd Date signed 1-16-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B ✓ F 76525

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution:
CH & Hosp.
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 4
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4914 Monello Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME MALCOLM MacCALLUM

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6233

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife ETHEL MACCALLUM
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY 31, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	17	..... hr. ..... min.

9. Birthplace Dumbarton, Scotland
(Town, county, and state)
10. Usual Occupation Architect
11. Industry or business

FATHER
12. Name John MacCallum
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Reid
15. Birthplace Ireland

16 (a) Informant Ethel M. MacCallum
(b) Address 4914 Monell Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 217 S. Paca St

19 (a) Date received by Registrar JAN 18 1941 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 2.05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941, to Jan 17 1941 and that I last saw him alive on Jan 17 1941.

	Duration
Immediate cause of death Coronary Embolism	4 days
Due to Peritonitis	4 days
Due to Pulmonary tuberculosis	?
Other Conditions Ruptured duodenal ulcer (Include pregnancy within 3 months of death)	
Major findings: Of operations Peritonitis	
Of autopsy See above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Cole M. D.
Address CH & Hosp. Date signed 1/20/41

76526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2 V 13 B

F 76526 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Elliott st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Elliott st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MICHAEL WISNIEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0314

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business none

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Catherine Wisniewski
(b) Address 3112 Elliott street

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk Avenue

18 (a) Funeral director Mary Wiber
(b) Address 401 S. Chester St.

19 JAN 18 1941 (Date rec'd by Registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14, 1941, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner
Date signed 1-14-41

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 76527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 N. Fulton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH REED WARD

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry S. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 31, 1892

8. AGE: Years 48 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace: Chambersburg, Penna. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Alfred M. Shafer
13. Birthplace: Chambersburg, Pa.

MOTHER
14. Maiden Name: Mary C. Smith
15. Birthplace: Chambersburg, Pa.

16 (a) Informant: Mr. Harry S. Ward
(b) Address: 808 N. Fulton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (month) (day) (year)
(c) Cemetery or crematory: Westminster
Location: Howard County, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues

JAN 18 1941 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to Jan 15 1941 and that I last saw h alive on Jan 15 1941.

Immediate cause of death: Bronchopneumonia and bronchiectasis suffering

Due to: Influenza

Due to: Chronic Arthritis + Emphysema

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 1 Day; 1 yrs; 5 yrs; 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Marion Lee Shafer, M.D.
Address: 806 Fulton Ave. Date signed: 1-17-41

VS 3

76528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 76528 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of street and number, or other exact location. Be sure to answer each question. If unknown or if not applicable, write "unknown" or "none." Do not leave any blanks. Please see that your answers are complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Essex St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Essex St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Szymon Bakerzak

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Rozalia Bakerzak
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Andrew Bakerzak
13. Birthplace Poland

MOTHER
14. Maiden Name Emma Cieslak
15. Birthplace Poland

16 (a) Informant Bakerzak
(b) Address 2105 Essex St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Haywood
(b) Address 1930 Eastern Ave.

19 JAN 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1941, to Jan 16 1941, and that I last saw h— alive on Jan 16 1941.

Immediate cause of death: Carcinoma of Stomach — Duration: 3 yrs.
Due to: Congenital Emphysema
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Landon Henderson, M.D.
Address 25-29 Eastern Ave. Date signed 1/18/41

F 76529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucindy Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
77				

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant James Scott
(b) Address 708 W. Hill Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mr. Francis A. Kennedy
(b) Address 518 N. Biddle St.

JAN 18 1941 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/16/41

76530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 76530

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everything must be answered. Do not leave any item blank. If unknown, write "unknown." Do not abbreviate. Give full name of deceased. Write in ink. Do not use pencil. Do not use ditto marks. Be sure that the entry is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 512 Myrtle Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 512 Myrtle Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lucey Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1872

8. AGE: Years	Months	Days	If less than one day
68	9	7	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Adam Robinson

13. Birthplace Md

MOTHER 14. Maiden Name Harriet ?

15. Birthplace Md

16 (a) Informant Etchinson T Sons

(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)

(c) Cemetery or crematory

Location Frederick, Md

18 (a) Funeral director Mrs Florence A. Hensley

(b) Address 578 N. Bradley Ave Huntington Williams W.V.

19 (a) JAN 18 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Jan 17 1941, and that I last saw h[illegible] alive on Jan 17 1941.

Immediate cause of death Myocarditis

Duration 7 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed Jan 17 41

F 76531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-P

Registered No. F 76531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give exact street address or location. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Dolphin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Dolphin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

703

3 (a) FULL NAME Ella Ogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Ogle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Tilghman
13. Birthplace Md

MOTHER
14. Maiden Name Susie
15. Birthplace

16 (a) Informant James Ogle
(b) Address 703 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 576 N. Biddle St.

JAN 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941 at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1940 to Jan 15 1941 and that I last saw h[illegible] alive on Jan 15 1941

Immediate cause of death Carcinoma of Urinary Bladder — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 703 Dolphin St Date signed Jan 17 41

F 76532

HEALTH DEPARTMENT—CITY OF BALTIMORE

122-B 76532

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Dukeland & Bayne Sts.) ..... Ward ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46-9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Louise — If U. S. Veteran specify WAR .....

(a) Residence: No. 2831 Winchester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug. 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adolph Louis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. Baumgarten

(Address) 111 W. Fayette St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date Jan. 19 1941

19. UNDERTAKER David Lyndheimer Son

(Address) 1902 Eutaw Place

JAN 18 1941 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1941, to 1/17, 1941

I last saw her alive on 1/17, 1941. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, (mechanical - adhesions)	16 days

Other contributory causes of importance:

Chronic Pancreatitis
Aneurysm abdominal aorta

Was an operation performed? yes Date of 1-4-41

For what disease or injury? Intestinal obstruction

Name of operation Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leonard Wallerstein M. D.

(Address) 1-Wright.

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. ... OCCUPATION is very important. See instructions on back of certificate.

V8.8

76533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 76533 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 756 Melville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 756 Melville Ave
(If rural give location)
9-3
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James T. Shea

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Bridget Shea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1855

8. AGE: Years	Months	Days	If less than one day
85	1	5 6	hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business

FATHER
12. Name Bartholomew Shea
13. Birthplace

MOTHER
14. Maiden Name Catherine Rafferty
15. Birthplace

16 (a) Informant Mrs. John Moore
(b) Address 756 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/41 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Md

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

JAN 18 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941, to Jan 17 1941, and that I last saw him alive on Jan 16 1941.

Immediate cause of death	Duration
Chron. Myocarditis	1930+
Chron. Int. Nephritis	1930+
Due to	
Due to	
Other Conditions Arter. Cerebro sclerosis	1941

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Busby M. D.
Address 5 W Eclinda a Date signed Jan 17/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

76534

cc

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D ✓

Registered No. E 76534

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Brunt Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hunter (62619)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1859

8. AGE: Years	Months	Days	If less than one day
81	2	25 15	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 JAN 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18- 1941, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11- 1941, to 1-18- 1941, and that I last saw him alive on 1-18- 1941.

Immediate cause of death Bronchopneumonia. — Duration ?

Due to 9-5. Hy. Dis. Hypertensive CVD — Duration ? ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gen. A-5.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp. Date signed 1-18-41

76535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 76535 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3712 Sequoia ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Sequoia ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-11

3 (a) FULL NAME John P. Perkinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0528

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Perkinson

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1880

8. AGE: Years 60 | Months 8 | Days 23 | If less than one day: hr. 7 min.

9. Birthplace Balto md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. & O. R.R.

FATHER
12. Name Wm Perkinson
13. Birthplace Ireland

MOTHER
14. Maiden Name Anastasia Shally
15. Birthplace Ireland.

16 (a) Informant Joseph Perkinson
(b) Address 3712 Sequoia ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/41 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Balto, Md.

18 (a) Funeral director Margret J. Flynn
(b) Address 1422 Light St.

19 (a) JAN 18 1941 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1941, at 6.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940 to Jan 17 1941, and that I last saw h[illegible] alive on Jan 16, 1941.

Immediate cause of death: Coronary Thrombosis

Due to Myocarditis

Due to Cardiac Hypotension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 1.17.41 2 days Known

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Norris, M.D.

Address 100 East West Street

Date signed January 19, 1941

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

D 76536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address NORTH BROADWAY

(c) Hospital or institution: CHURCH HOME AND INFIRMARY

(d) Length of stay in hospital or inst. ~~(yrs., mos., or~~ days) 74

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3630 KESWICK ROAD (If rural give location)

137

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. NETTIE MAY ECKENRODE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife WILLIAM ECKENRODE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 4, 1866

8. AGE: Years	Months	Days	If less than one day
74	4	14	hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER

12. Name JOSHIAH HYDE

13. Birthplace MARYLAND

MOTHER

14. Maiden Name ELIZABETH SANTZ

15. Birthplace MARYLAND

16 (a) Informant MRS. GEORGE BLUCHER

(b) Address 3322 BEECH AVE, BALTO, MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1941 (month) (day) (year)

(c) Cemetery or crematory Winters

Location New Windsor, Md.

18 (a) Funeral director Lehmann & Sodaro

(b) Address 3615-17 [illegible], Md.

19 (a) JAN 18 1941 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 18 1941, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 1 1940, to JAN. 18 1941, and that I last saw H.E.R. alive on JAN. 18 1941.

Immediate cause of death	Duration
CARCINOMA DESCENDING COLON	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operation CARCINOMA OF DESCENDING COLON WITH METASTASIS

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul J. Kaminski M. D.

Address [illegible] Date signed 1/18/41

VS 3

F 76537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

112

F 76537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1371

3 (a) FULL NAME Anola B. Coroneos.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Peter G. Coroneos.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan 23 1894

8. AGE: Years	Months	Days	If less than one day
46	11	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Ridgley.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Beauregard Allen
15. Birthplace Maryland

16 (a) Informant Peter G. Coroneos.
(b) Address 3715 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1941 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Ellicott City, Howard Co. Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) JAN 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-41 19 , at 9.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941, to 1-17 1941, and that I last saw her alive on 1-17 1941.

Immediate cause of death.	Duration
Pulmonary edema	1 day
Due to Left sided heart failure	3 days
Due to Bronchial asthma	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris McLaughlen M. D.
Address University Hospital Date signed 1-17-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a ✓ F 76538 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1401 Cookeis St.

(c) Hospital or institution: Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1401 Cookeis St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adele Hornick Birth # F 15344 ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2nd 1940

8. AGE: Years	Months	Days	If less than one day
	4	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Bernard Hornick

13. Birthplace Baltimore

MOTHER 14. Maiden Name Adelaide Holley

15. Birthplace Baltimore

16 (a) Informant Adelaide Hornick

(b) Address 1401 Cookeis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Baltimore Md

18 (a) Funeral director Charles F. Dill.

(b) Address 1501 E. Fort Ave

19 JAN 18 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16/41 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 19 41 to 1/16 19 41, and that I last saw h-r alive on 1/16 19 41.

Immediate cause of death Cardio resp failure — Duration —

Due to pneumonia bronchopneumonia — Duration over

Due to atlat electasis BILATERAL — Duration —

Other Conditions eczema prematurity, Immaturity — Duration —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. H. Russaff

Address Sinai Hosp Date signed 1/17/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

76539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c ✓ F 76539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be filled in. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County [redacted]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 Portland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Longanese

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

AGE Years	Months	Days	If less than one day
63 Unknown			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Grain Trimmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18th 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

JAN 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941, at 11:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Hemorrhage and edema of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/15/41 2 P.M.
(c) Where did injury occur? Hall + Beason Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by automobile

23. Signature Wm B Gandy Griffith M.D. Medical Examiner.
Date signed 1/15/41

F 76540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 76540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Iona Wiggins. Birth # F 18313

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1940

8. AGE: Years | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Wiggins
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Tango Cooper
15. Birthplace Baltimore Md

16 (a) Informant Clarence Williams
(b) Address 1224 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 18, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) JAN 18 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/41 19 , at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12/41 19 to 1/17/41 19 , and that I last saw h alive on 1/17/41 19 .

Immediate cause of death Pneumonia — Duration 2 days

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Louis Jenning M. D.
Address 1100 Druid Hill Ave Date signed 1/17/41

Howard Kroeder

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

76541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 76541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Myrtle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Myrtle ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lonnie Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-2-40

8. AGE: Years	Months	Days	If less than one day
	8	14	hr. min.

9. Birthplace Balto Washington, D. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business (according to mother)

FATHER
12. Name Henry Roberts
13. Birthplace

MOTHER
14. Maiden Name Evelyn Jackson
15. Birthplace S. C.

16 (a) Informant Lonnie Jackson
(b) Address 1321 Myrtle ave

17 (a) Buried (b) Date thereof Jan 18, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3291 W. Schroeder

19 (a) (b) Huntington Williams, M.D.
(Date registered) (Registrar's signature)

JAN 18 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 4:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to Jan 14 1941, and that I last saw ~~him~~ her alive on Jan 14 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Eversharp M. D.

Address 803 N Grove Date signed Jan 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 76542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 76542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5006 Midwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Louisa Kuehn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31-1855

8. AGE: Years 85 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Louis Kuehn
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Kuehn
15. Birthplace Germany

16 (a) Informant Mrs Kuehn
(b) Address 5006 Midwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-41 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto

18 (a) Funeral director Jos J Sturtdon
(b) Address 3001 Eutaw Pl ave

19 (a) JAN 18 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 19 41, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 19 41 to Jan 14 19 41, and that I last saw he alive on Jan 13 19 41.

Immediate cause of death: Cerebral Coma — Duration: 3 days.

Due to: Hemiplegia — 10 days

Other Conditions: Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Meyer Jr M. D.
Address 1580 E. 33rd St Date signed 1/15/41

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and supply correct age is especially important.

VS 3

76543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

Registered No. F 76543

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2250 Guilford Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2250 Guilford Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Joseph Nolan

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie M. Nolan

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 14 1869

8. AGE: Years 71 | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Michael Nolan

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Dougherty

15. Birthplace Ireland

16 (a) Informant Fannie Maraichen Nolan

(b) Address 2250 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location .....

18 (a) Funeral director Chas. H. Grand Son & Sons

(b) Address 118 W. Mt. Royal Ave.

19 (a) JAN 18 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17th 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1941, to Jan 17 1941, and that I last saw him alive on Jan 17 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Cerebral Hemorrhage	10 days
Due to arteriosclerotic Heart Disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Levin M. D.

Address 4818 Reisterstown Rd. Date signed Jan 18/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 76544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-0

Registered No. F 76544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address NORTH BROADWAY
(c) Hospital or institution:
CHURCH HOME AND INFIRMARY
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 48
(e) Length of stay in Baltimore (yrs., mos., or days) NEVER

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA (b) County GEORGES TOWNSHIP.
(c) City or town UNIONTOWN, PA. R.F.D #3
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MRS. ETHEL LEWELLEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ARTHUR LEWELLEN
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) OCT. 29, 1899

8. AGE: Years 41 | Months 2 | Days 2019 | If less than one day ..... hr. ..... min.

9. Birthplace GEORGES T. UNIONTOWN PA.
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name BERT THOMAS
13. Birthplace PENNSYLVANIA

MOTHER
14. Maiden Name LOUISE NIXON
15. Birthplace PENNSYLVANIA

16 (a) Informant MRS. REESE HUMBER
(b) Address UNIONTOWN, PA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory .....
Location Fairchance, Pa.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 JAN 18 1941 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 18 1941, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 2 1940. to JAN. 18 1941. and that I last saw HER alive on JAN. 18 1941.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to THYROTOXICOSIS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ENLARGED THYROID
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [illegible] M. D.
Address [illegible] Date signed 1-8-41

VS 3

Spec.—8-16-39—L. F. S.—100 Blks.

76545 HEALTH DEPARTMENT—CITY OF BALTIMORE F 76545

CERTIFICATE OF DEATH 108

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1620 W Lafayette ave ST. 46 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lottie Henson

(a) RESIDENCE NO. 1620 W Lafayette ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Henson

6 DATE OF BIRTH (month, day, and year) March 3 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) Accomac Co (State or country) Va.

PARENTS

10 NAME OF FATHER Edmund Gunter

11 BIRTHPLACE OF FATHER (city or town) Accomac (State or country) Co. Va.

12 MAIDEN NAME OF MOTHER Leah Snead

13 BIRTHPLACE OF MOTHER (city or town) Accomac (State or country) Co. Va.

Informant Charles Henson

(Address) 1620 W Lafayette ave

15 Filed Jan 16 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 13-1941

17 I HEREBY CERTIFY That I attended deceased from October 10 1940 to Jan 13 1941 that I last saw her alive on Jan 13 1941 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension & Lobal Pneumonia Left Upper Lobe

Goitre (duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) 3 yrs. + mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

1/14 1941 (Address) 1209 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Jan 18 1941

20 UNDERTAKER Edroy O Wilson

ADDRESS 1000 Brantley

N. B.—WHITE registrations should be carefully supplied. AGE should be stated PRECISELY. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

76546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

Registered No. E 76546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Coldspring Lane
(c) Hospital or institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 77 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William James Gordon Sherwood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Minnie Sherwood
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 1, 1863

8. AGE: Years	Months	Days	If less than one day
77	5	15	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Foreman (Retired)
11. Industry or business Furniture

FATHER
12. Name William Jessie Sherwood
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Ellen McKewin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lillian May Seebo
(b) Address 728 E. 37th. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/1941 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. North Ave.

19 (a) JAN 18 1941 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940, to Jan 16 1941, and that I last saw him alive on Jan 11 1941.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterson M. D.
Address 2324 Reisterstown Rd. Date signed 1/17/41

76547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 76547

CERTIFICATE OF DEATH ✓107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Gutman Ave. St. G-8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50Yrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida V. Lawrence

If U. S. Veteran specify WAR _____

(a) Residence: No. 607 Gutman Ave. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry M. Lawrence

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME ? Scott

14. BIRTHPLACE (city or town) (State or country) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Henry M. Lawrence

(Address) 607 Gutman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cem. Jan.-20-1941

Place Date 19

19. UNDERTAKER Henry Hoeckel & Sons Inc

(Address) 1301 E. Eager St.

20. FILED JAN 18 1941 19 Hattie F. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-16-1941

22. I HEREBY CERTIFY, That I attended deceased from June 11 1941 to Jan 16 1941

I last saw h alive on Jan 16 1941 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Paralysis for 13 yrs.	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Jacob Fuchs M. D.

(Address) 1823 N. Broadway

information should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

7391571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-D

Registered No. E 76548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Largent (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson E. Ambrose

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-22

8. AGE: Years	Months	Days	If less than one day
18	10	25	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Irving Ambrose
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sadie McKee
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery ~~Cemetery~~ Enon Cemetery
Location Largent, W. Va.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

19 JAN 18 1941 (Date rec'd by local reg.) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 18 1941, at 245 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 13 1941, to JAN 18 1941, and that I last saw HIM alive on JAN 18 1941.

Immediate cause of death Edema of brain stem — Duration 12 hrs

Due to Removal of Pineal Tumor (malignant) — 7wks +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Pineal tumor

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. O'Leonard M. D.
Address J. H. H. Date signed 1-18-41

76549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76549 Registered No. 119a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore V
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 McCulloh
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph Taylor Burth# F 16693 V

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/16/40

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ralph Heams

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Bertha Taylor

15. Birthplace Va.

16 (a) Informant Mrs

(b) Address 1620 McCulloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-18-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A Hahn & Son

(b) Address 918 Druid Hill Ave

19 (a) (Signature of registrar) Huntington Williams M.D.

(b) JAN 18 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1941, at 6-10/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1940 to 1-16 1941 and that I last saw h/s alive on 1-16 1941

Immediate cause of death: Acute Gastro-enteritis — Duration: 3 days

Due to (non-specific Anemia)

Due to

Other Conditions Seborrheic Dermatitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.

Address President Hospital Date signed 1-16-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 76550 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 W. Lorraine Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 W. Lorraine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 21 yrs. years

3 (a) FULL NAME Bernard F. Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4333

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1886

8. AGE: Years 54 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Belfast, Ireland (Town, county, and state)

10. Usual Occupation Insurance Collector

11. Industry or business

FATHER
12. Name James Dempsey
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Elizabeth A. Bradley
15. Birthplace ----- Ireland

16 (a) Informant Miss Alice M. Dempsey
(b) Address 326 W. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Rd & Moravia Ave.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 North Calvert Street

JAN 18 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan 17 1941, and that I last saw him alive on Jan 16 1941.

Immediate cause of death Pleuro Pneumonia — Duration 2 Days

Due to Stomach ulcer — 22 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thos. M. Forte, M.D.
Address 8743 Liberty Road Date signed 1/17/41

VS 3

F 76551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Bethesda
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Georgetown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Gingell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Geo J Gingell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 8 1867

8. AGE: Years	Months	Days	If less than one day
73	7	10	hr. ..... min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Wm L Wright
13. Birthplace Md

MOTHER
14. Maiden Name Weltha Kirby
15. Birthplace Md

16 (a) Informant Mrs Guy C Brewer
(b) Address 820 Georgetown Rd
17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 21 41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Prince George Co. Md.
18 (a) Funeral director Wm Reuben Pumphrey
(b) Address Bethesda, Md.
19 (a) JAN 19 1941 (b) Registered by (Signature) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941, at 12 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said .. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....
Due to ..... — .....
Due to ..... — .....
Other Conditions ..... — .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature H W Vandegrift M.D.
Medical Examiner
Date signed 1/18/41.

F 76552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

F 76552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Marshall St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Marshall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B. Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1294

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Widowed

6 (b) Name of husband or wife Grace S. Boehme

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1882

8. AGE: Years	Months	Days	If less than one day
58	6	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Ship Carpenter

11. Industry or business

FATHER
12. Name John F. Warner
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Sackett
15. Birthplace Md.

16 (a) Informant Mrs. Milton Hubbard
(b) Address Kingston, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director J. J. McCully
(b) Address 130 E. Fort Ave.

19 JAN 19 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1941, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 , to Jan 16 1941, and that I last saw him alive on Jan 16 1941.

Immediate cause of death Coronary Thrombosis — Duration 1937

Due to Arteriosclerosis — 1935

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M. D.
Address 102 E. Fort Ave Date signed 1/17/41

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 76553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 76553

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution:

University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Carroll

(c) City or town West minister

(If outside city or town limits, write RURAL and give town)

(d) Street No. 161 W. Main St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsworth Caine

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4403

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna Caine

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug 30. 1910

8. AGE: Years	Months	Days	If less than one day
31 30			hr. min.

9. Birthplace Westminster Md.

(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Lee Caine

13. Birthplace Westminster Md.

MOTHER 14. Maiden Name Lillie Mullinix

15. Birthplace Md.

16 (a) Informant Edna Caine

(b) Address 161 W. Main St. Westminster

17 (a) Burial (Burial, cremation, or removal) Pete Cook (b) Date thereof Jan. 21, 1941 (month) (day) (year)

(c) Cemetery or crematory Taylor's Gate New Windsor Cemetery Carroll Co Md

18 (a) Funeral director C. McDaniel

(b) Address Winfield, Md

19 (a) JAN 19 1941 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1941 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941 to 1-18 1941, and that I last saw h alive on 1-18 1941.

Immediate cause of death	Duration
Pneumococcus Meningitis, Bronchopneumonia	
Due to	
Due to	
Other Conditions Stated medical.	3 wks.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. S. Stated M. D.

Address University Hospital Date signed 1-18-41

F 76554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 76554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 312 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2780 Tivoly Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Werner (53671)

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1905

8. AGE: Years 35 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business Ornamental Iron Work

FATHER

12. Name George

13. Birthplace Germany

MOTHER

14. Maiden Name Minnie Frank

15. Birthplace Germany

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Ballon & Co

(b) Address 1127 N. Eutaw St

JAN 19 1941 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1941, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 11, 1940 to Jan. 17, 1941, and that I last saw him alive on Jan. 17, 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 9 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Marietta F. Leonard M. D.

Address Balto. City Hospital Date signed 1-17-41

F 76555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76555 Registered No. 94-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5607 Roland Ave

(c) Hospital or institution: Melrose Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town Millersville Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Helen Sowlick

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stanley Sowlick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1887

8. AGE: Years 53 | Months 1 | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER: 12. Name Wakmund Szpuerka

13. Birthplace Poland

MOTHER: 14. Maiden Name Agnes Andrzejeski

15. Birthplace Poland

16 (a) Informant Stephen Sowlick

(b) Address Millersville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Glen Haven

Location Glen Burnie Md

18 (a) Funeral director J. H. Cook

(b) Address 1217 H Paul St

19 (a) JAN 19 1941 (Date received by Registrar) (b) Name of Registrar H. W. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 8 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/41 1941 to 1/16/41 19; and that I last saw h alive on 19.

Immediate cause of death Lived 40 min — Duration 4 hrs

Coronary Embolism

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Wheaton M. D.

Address 4305 York Rd Date signed 1/17/41

Record of Deaths for H. L. Williamsburg, MD Asst Medical Examiner

F 76556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76556 Registered No. 121

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Gaeb

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Annie M. Gaeb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27th 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	1	19		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Electrical Engineering

FATHER
12. Name Charles Gaeb
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Doerfler
15. Birthplace —

16 (a) Informant Albert Gaeb
(b) Address 812 N. Gay St.

17 (a) Burial (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location Balto Md.

18 (a) Funeral director William Tait
(b) Address 217 E. Saratoga St.

19 (a) Date received by local registrar JAN 19 1941 (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16th 1941, at 12:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11th 1941 to Jan. 16 1941, and that I last saw him alive on Jan 16th 1941.

Immediate cause of death	Duration
Toxemia	3 days
Cardiac Failure	9 days
Peritonitis	
Due to	
Due to Ruptured Appendix ?	?
Other Conditions Arterio sclerotic Cardio-Vascular Disease (Include pregnancy within 3 months of death)	over

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kolmenson M. D.
Address St. Josephs Hosp. Date signed 1-16-41

F 76557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. F 76557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or county. If not in a hospital or institution, give residence instead of name of hospital or institution. Fill in all items as correctly and completely as possible. The accuracy of the certificate depends upon the care with which you answer the questions. Be sure that your answers are correct and complete. Do not guess at the age. Be sure that you understand the question before you answer it. Do not leave any item unanswered. If there is no information, write "None." Do not write in the space marked "Registered No." Do not write in the space marked "Local Registrar's Use." Do not write in the space marked "Physician's Use." Do not write in the space marked "Undertaker's Use." correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Mae Young (Woodward)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ William Young

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1869

8. AGE: Years	Months	Days	If less than one day
71	2	9	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Frederick Powers
13. Birthplace Md

MOTHER
14. Maiden Name Mary Metz
15. Birthplace Md

16 (a) Informant Edward S. Woodward (son)
(b) Address 1500 Linden Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oakwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1 W Pratt St

19 (a) JAN 19 1941 (Date received by local registrar) (b) Hunter for White (Signature of local registrar) M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18- 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1941, to 1-18 1941, and that I last saw h~~e~~r alive on 1-17 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Intestinal Obstruction	
Due to Gall Stone obstruction small intestine	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gall stone obstruction small bowel
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Emerson M. D.
Address Sinai Hosp Date signed 1-18-41

F 76558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 76558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hosp
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Huntingdon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Chaffman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3855

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Annie C Chaffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21st 1875

8. AGE: Years	Months	Days	If less than one day
65	9	17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired Foreman
11. Industry or business Bldg Inspector

FATHER
12. Name Benjamin Chaffman
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Ellen C Williams
(b) Address 3101 Huntingdon Ave

17 (a) Burial (b) Date thereof 1-22-41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Gilliam Sons
(b) Address 29 E Saratoga St

19 (a) JAN 19 1941 (b) [illegible]
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-41 19 . at 6.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1940 to 1-18 1941, and that I last saw him alive on 1-18 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 month

Due to

Due to

Other Conditions Pneumonia of both lower lobes — 6 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C Baier M. D.
Address [illegible] Date signed Jan 18, 1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 76559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83 W

F 76559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Green

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3316 Dushon St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph M Gehring

3 (b) If veteran, name war: No

3 (c) Social Security Account No. Deceased

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma G

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1880

8. AGE: Years	Months	Days	If less than one day
60	9	15	hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Real Estate Retired

11. Industry or business Self

FATHER 12. Name	Joseph Gehring
FATHER 13. Birthplace	Germany
MOTHER 14. Maiden Name	Mary E Hoh
MOTHER 15. Birthplace	Baltimore Md

16 (a) Informant Jos Gehring

(b) Address 5620 Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Baltimore Md.

18 (a) Funeral director Thos J Gough & Co

(b) Address 1217 E Fayette St

19 (a) (Date rec'd by registrar) JAN 19 1941 (b) Hunting for Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-41 19 . at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941, to 1-16 1941, and that I last saw him alive on 1-16 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 Hrs

Due to: Hypertension — Duration Years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H A Brack M. D.

Address Univ. Hosp. Date signed 1-16-41

F 76560

F 76560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No. 310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d.
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Alhambra Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? 39 years

3 (a) FULL NAME Copal Lazeroff

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15, 1884

8. AGE: Years	Months	Days	If less than one day
56	9	1	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation formerly a tailor
11. Industry or business

FATHER
12. Name Hyman Lazeroff
13. Birthplace Lithuania

MOTHER
14. Maiden Name Bessie ?
15. Birthplace Lithuania

16 (a) Informant Mrs Gertrude Razer
(b) Address Alhambra Apts 61

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Henry Rosenwald Cemetery
Location Philadelphia Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

JAN 19 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1941 at 9^10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1940 to 1/16 1941, and that I last saw him alive on 1/10 1941.

		Duration
Immediate cause of death	Coronary Thrombosis	3 seconds
Due to	Cholecystitis —	3 wks.
Due to	Gastro-intestinal hemorrhage post operatively	4 days
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystitis. Chronic hepatitis.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Abrams, M. D.
Address Union Memorial Hosp Date signed 1 16 41

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the causes of death clearly and correct age is especially important.

VS 2

F 76561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76561

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erasures, alterations, or illegible entries will cause delay. Be sure that the information you give is correct and complete. Answer each question fully. Do not abbreviate. Use figures for dates. Be sure that the cause of death is correct and legible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St. & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mrs. Sarah Moses

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wolf Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Moses Nonberg
13. Birthplace Russia

MOTHER
14. Maiden Name Edith —
15. Birthplace Russia

16 (a) Informant Tom Moses
(b) Address 2425 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto. St.,

19 (a) 1-19-1941 (Date rec'd by registrar) (b) Timothy F. Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1941 at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1940 to 1/18 1941, and that I last saw her alive on 1/17 1941.

Immediate cause of death	Duration
Heart failure ?	
Due to Coronary occlusion ?	
Due to Coronary sclerosis ?	
Other Conditions diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Weichlyn

Address Sinai Hosp. Date signed 1/15/41 (M. D.)

F 76562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H6-B

F 76562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 E. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Sarah Greenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Merchant

11. Industry or business Dry Goods Jobber

FATHER
12. Name Isaac Greenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Dunan
15. Birthplace Russia

16 (a) Informant Leah Greenberg
(b) Address 2018 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (month) (day) (year)
(c) Cemetery or crematory Old Forrandwind Sinai
Location Mt. Carmel

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Balto St.

19 (a) (Date received by registrar) (b) Registrar

JAN 19 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-41 19 at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Jan 18 1941 and that I last saw h alive on Jan 18 1941

Immediate cause of death Carcinoma of Cardiac end of Stomach — Duration 1 year

Due to Carcinoma of Lower end of Oesophagus — 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Linder M.D.
Address 2348 Eutaw Place Date signed 1/18/41

F 76563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76563

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway & Fairmount Ave
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 63
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Camilla Simpson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of ~~husband or wife~~ —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 19, 1865

8. AGE: Years	Months	Days	If less than one day
75	6 4	29	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrew Ridgely
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Camilla Johnson
15. Birthplace Baltimore, Md

16 (a) Informant E. Ridgely Simpson
(b) Address Ruxton, Md.
17 (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof Jan 20th 1941 (month) (day) (year)
(c) Cemetery or crematory Naval Academy Cem
Location Annapolis Md
18 (a) Funeral director H. Jenkins Son Co
(b) Address McCollob & Eslead St
19 (a) JAN 19 1941 (Date received by Registrar) (b) Signature of Registrar H. Williams Jr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18, 1941, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4, 1941, to Jan 18, 1941, and that I last saw her alive on Jan 3, 1941.

Immediate cause of death	Duration
Diabetes Mellitus	?
Due to	
Due to	
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Reinmann, M.D. M. D.
Address Church Home & Inf. Date signed 1/18/41

F 76564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N Registered No. F 76564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1354 Cleveland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1354 Cleveland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Ferguson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Wid

6 (b) Name of husband or wife Wm. Ferguson

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months — | Days — | If less than one day ... hr. ... min.

9. Birthplace Ana Arundel County Md (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Mrs. Katie Smith

(b) Address 1437 Ward st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 20 41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore md

18 (a) Funeral director William A Feakan

(b) Address 916 Pennsylvania ave

19 (a) (Registered by Registrar) (b) Hunting for Williams, M.D. Registrar

JAN 19 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 19 41, at 12 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J Hepfer M.D. Medical Examiner

Date signed 1-17-41

F 76565

39176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-H

F 76565 Registered No.

PLEASE WRITE PLAINLY, with pencil. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County
(c) City or town Montgomery (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Graham (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert C. Wells

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age 53-4 years

7. Birth date of deceased (mo., day, yr.) 2-14-87

8. AGE: Years	Months	Days	If less than one day
6-6	11	1	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER 12. Name Addison Wells
13. Birthplace N. Y.

MOTHER 14. Maiden Name Mary Cassidy
15. Birthplace N. Y.

16 (a) Informant Records
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Montgomery Ala.

18 (a) Funeral director John Matthews Home
(b) Address 1900 Eutaw Place

19 (a) 1-19-1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 5-23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941 to Jan 18 1941 and that I last saw him alive on Jan 18 1941.

Immediate cause of death	Duration
Malignancy (original site?) involving retroperitoneal lymph glands. Left pleural effusion. Extension of process	
Due to Mediastinum.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Involvement Malignancy of retroperitoneal lymph glands
Of autopsy None performed.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Monroe Hasson III M. D.
Address Johns Hopkins Hospital Date signed 1/18/41

VS 3

F 76566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

F 76566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN S. AMREIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0787

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jean G. Amrein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	1	29		

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name William Amrein
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Justine Wilhelm
15. Birthplace Germany

16 (a) Informant Mrs. M. S. Amrein
(b) Address 3505 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave., Balto.

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 19 1941 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17th 1941 at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 6 1940 to Jany 17 1941 and that I last saw h alive on Jany 17 1941

Immediate cause of death Carcinoma Prostate Gland — Duration 1st Consulted Feby 6/40

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas B. Green

Address 3009 Evergreen ave Date signed 1/18/41

PLEASE WRITE PLAINLY, with unfading ink. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N

F 76567 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eutaw Place & Wilson St. Marlborough Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Marlborough Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRIETTA AMBACH.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1877

8. AGE: Years	Months	Days	If less than one day
63	1 2	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name David Ambach,

13. Birthplace Germany

MOTHER 14. Maiden Name Fannie Burgunder,

15. Birthplace Balto. Md.

16 (a) Informant Mr. Eli Frank,

(b) Address 111 N. Charles S.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41. (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director David Ambach & Son

(b) Address 1902 Eutaw Place.

19 (a) JAN 19 1941 (Date received by local registrar) (b) Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18th. 1941, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1934, to Jan. 18 1941.

and that I last saw her alive on Jan. 18 1941.

Immediate cause of death 10:20 Am.

Cerebral Hemorrhage

Due to Hypertension Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bernard J. Cohen M. D.

Address Marlborough Apts. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 76568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76568 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 Myrtle ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Myrtle ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Jackson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife Ephey Jackson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-26-1892

8. AGE: Years	Months	Days	If less than one day
49	—	22?1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business —

FATHER
12. Name Stephen Dixon
13. Birthplace Va

MOTHER
14. Maiden Name Margret ?
15. Birthplace Va

16 (a) Informant Marion Moye
(b) Address 207 W. Saratoga st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 20 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna. ave

JAN 19 1941 (Date rec'd by registrar) (b) [illegible] by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 17 1941.
and that I last saw her alive on Jan 17 1941.

Immediate cause of death Myocarditis — Duration 2 mos

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible]
Address [illegible] Date signed 1/19 1941

VS 3

F 76569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

F 76569 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 N. Callington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 N. Callington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary (Jogminiene) Yogman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-6874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Peter Yogman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Peter Yogman
(b) Address 1824 N Callington Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Black Rd

18 (a) Funeral director Joseph Kaminkow Inc
(b) Address 607 Washington Blvd

JAN 19 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1937, to 1-17 1941, and that I last saw her alive on 1-16 1941.

Immediate cause of death Coronary occlusion — Duration one day

Due to

Due to

Other Conditions Chronic cholecystitis — 3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward N Barnaby M. D.
Address 1531 E North Ave Date signed 1-17-41

76570

HEALTH DEPARTMENT—CITY OF BALTIMORE

76570

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner & Dukeland Av St. .....

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Solomon J. Stappler

If U. S. Veteran specify WAR .....

(a) Residence: No. 17 W. Chase St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Sarah

6. DATE OF BIRTH (month, day, year) August 20, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furrier

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs William Goldman

(Address) 17 W Chase St

18. BURIAL, CREMATION, OR REMOVAL Mount Lebanon Cemetery Hill Cem Mount Lebanon N.Y. Date Jan 20 1941

19. UNDERTAKER Sol Levinson & Bros

(Address) 1124 1126 W North Ave

FILED JAN 19 1941 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1941, to 1/18, 1941

I last saw him alive on 1/18, 1941. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1/18/41
Arteriosclerotic heart disease	1939.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold A. Gold M. D.

(Address) W. B. G. H.

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 76571

OF 61770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 76571

Registered No. .....

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1002 Compton Street (If rural give location)

If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Allen

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife William (d)

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 22, 1857

8. AGE: Years	Months	Days	If less than one day
83	6	25	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation .....

11. Industry or business -

FATHER

12. Name John O'Leary

13. Birthplace Ireland

MOTHER

14. Maiden Name Anastie

15. Birthplace Ireland

16 (a) Informant Records

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/41 (Month) (Day) (Year)

(c) Cemetery or crematory St Peters

Location .....

18 (a) Funeral director Chas. J. Bayhen Son

(b) Address 1378 Eighth St

19 (a) JAN 19 1941 (Date received by registrar) (b) Washington Hill Baltimore Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1941, at 5 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-11- 1940. to 1-17- 1941. and that I last saw h-s alive on 1-17- 1941.

Immediate cause of death

Uremia. — Duration 10 days

Due to Gen. Arterial A-S. — ?

Due to ?

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Murray Lahtei M. D.

Address Balto. City Hosp. Date signed 1-18-41

F 76572 ✓ F 76572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Armada a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Armada a (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David A. Johnston

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Savannah ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/17/1861

8. AGE: Years	Months	Days	If less than one day
79	11	11	hr. min.

9. Birthplace Md Co (Town, county, and state)
10. Usual Occupation Proofreader
11. Industry or business Daily News

FATHER
12. Name David Johnson
13. Birthplace Md Co

MOTHER
14. Maiden Name Margaret Anders
15. Birthplace Md

16 (a) Informant Mary Johnston
(b) Address 3013 Armada av

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)
(c) Cemetery or crematory Woodland Howard Co
Location Taylor Ave

18 (a) Funeral director John J. Stephens
(b) Address 318 Light St.

JAN 19 1941 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 18 1941, and that I last saw h alive on 19

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm D Schmick M. D.
Address 701 N. Fremont Ave Date signed 1/18/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 76573 X ✓ 76573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Information not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 West Monument
(c) Hospital or institution: Sherwood Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State So Car. (b) County .....
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Manly St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Scott Smith

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Harold C Smith
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1889

8. AGE: Years	Months	Days	If less than one day
52	0	3	hr. ..... min.

9. Birthplace Sumter, S.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business .....

FATHER
12. Name J W Scott
13. Birthplace Sumter Co.

MOTHER
14. Maiden Name Mary Brearley
15. Birthplace S.C.

16 (a) Informant Mr Smith
(b) Address Sherwood Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery or crematory .....
Location Greenville, S.C.

18 (a) Funeral director Wm. J. Pickren & Sons
(b) Address North + Pa. Aves

19 (a) ..... (b) .....
(Date rec'd by registrar) JAN 19 1941 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941 at 4:22 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon of Liver	years .....
Rupture of ~~[illegible]~~	
Due to Abscess of sigmoid Colon	
Fatal Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. W. Landreth M.D.
Medical Examiner.
Date signed 1/19/41

F 76574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

181 Registered No. F 76574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley A Tipton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1935

8. AGE: Years	Months	Days	If less than one day
5	11	23 22	hr. min.

9. Birthplace Copperfield Tenn (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Tipton
13. Birthplace Georgia

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace North Carolina

16 (a) Informant John Tipton
(b) Address 1659 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/41 (month) (day) (year)
(c) Cemetery or crematory
Location Murphy North Carolina

18 (a) Funeral director Wm J Fickenscher & Sons
(b) Address Madison & Eutaw Aves

19 (a) (Date received by Registrar) JAN 19 1941 (b) Hunter's Point, Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/6/41
(c) Where did injury occur? 1609 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Burns from explosion of gasoline

23. Signature [illegible] M.D. (Medical Examiner)
Date signed 1/19/41

F 76575 ✓ F 76575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton

(c) Hospital or institution St. Agnes Hospital Inc.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 516 Parkesley Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Emery Woodard - Emery L Woodard

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 213-05-3000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Charlotte E.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/2/1902

8. AGE: Years	Months	Days	If less than one day
38	10	16	... hr. ... min.

9. Birthplace Ohio - Cleveland (Town, county, and state)

10. Usual Occupation Machinists

11. Industry or business Pittsburg Plate Co

FATHER 12. Name Herbert Woodard

FATHER 13. Birthplace Ohio - Cleveland

MOTHER 14. Maiden Name Mary ?

MOTHER 15. Birthplace Ohio - Cleveland

16 (a) Informant Mrs. Charlotte E. Woodard

(b) Address 516 Parkesley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Cleveland, Ohio

Location Cleveland, Ohio

18 (a) Funeral director F. B. Wisner & Son

(b) Address 1324 Eutaw Place

(Date received by Registrar) JAN 19 1941 (Signature of Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1941 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941 to 1-18 1941 and that I last saw h / he alive on 1/18 1941.

Immediate cause of death	Duration
Uremia	2 days
Due to Malignant arteriolar sclerosis	6 mos?
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Cystitis, Small granular kidney

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature J. P. Downes M. D.

Address St. Agnes Hospital Date signed 1/18/41

VS 3

F 76576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 76576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY F. BRADYHOUSE

3 (b) If veteran, name war Spanish-American

3 (c) Social Security Account No. ✓

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 10-1879

8. AGE: Years 61 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Hydraulic

11. Industry or business self

FATHER 12. Name James E. Bradyhouse

13. Birthplace Balto

MOTHER 14. Maiden Name Margaret Feller

15. Birthplace Balto

16 (a) Informant Clarence Bradyhouse

(b) Address 220 S. Dunbar St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Balto. Location East End Gott ave

18 (a) Funeral director J. J. Morgan

(b) Address 300 E. Baltimore St.

19 (a) (Date received by registrar) (b) Hunter Van Williams M.D.

JAN 19 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 8 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Wollenweber M.D. (Medical Examiner)

Date signed 1-17-41

76577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 76577

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Division St. 14-F Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lillian B. Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 1722 Division St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson R. Lee

6. DATE OF BIRTH (month, day, year) March 17, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Justine Smith

(Address) 1722 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Park Date 1-20-41

19. UNDERTAKER Archibald A. Haddis

(Address) 2101 McCulloh St

FILED JAN 20 1941 Municipal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1940 to Jan 17, 1941

I last saw her alive on Jan 17, 1941. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows: Duration — Date of onset

Cerebral Embolism

Other contributory causes of importance: Coronary Heart Disease

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 924 Madison Ave

information should be carefully supplied. A full answer must be given to each question. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

Baller

F 76578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

E 76578
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Baller

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widowed

6 (b) Name of husband or wife Heinrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1868

8. AGE: Years	Months	Days	If less than one day
72	11	22	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Matthias Joachim
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Schumerly
15. Birthplace Germany

16 (a) Informant Son of Baller
(b) Address 2321 Edmondson Ave

17 (a) Interment Cremated (b) Date thereof 1/21/41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilbur Good
(b) Address 1219 E Coulden St

19 JAN 20 1941 (b) Huntingtown Williamsport, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1939 to Jan 18 1941, and that I last saw h[illegible] alive on Jan 18 1941.

Immediate cause of death

Coronary Thrombosis — Duration 1/2 day

Due to Generalized Arteriosclerosis

Due to Carcinoma of right kidney — 9 Months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Marr M. D.
Address 176 Cathedral St Date signed 1-19-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Examine certificate after it is written and correct any error or omission. Be sure that the age is correctly stated. Physicians: please write the cause of death clearly and legibly. Be sure that the cause is especially important.

VS 3

F 76579

76579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Princeton (If outside city or town limits, write RURAL and give town)
(d) Street No. Elm road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEWIS BUCKLEY STILLWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 3/4 1862

8. AGE: Years	Months	Days	If less than one day
78	10	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Richard Stillwell

13. Birthplace New Jersey

MOTHER 14. Maiden Name Margaret Snyder

15. Birthplace Pennsylvania

16 (a) Informant Hospital records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1941 (month) (day) (year)

(c) Cemetery or crematory

Location Princeton, N. J.

18 (a) Funeral director Henry W. Jenkins Son Co

(b) Address Orchard & Cullom Sts

19 (a) (Date received by local registrar) (b) Huntingtown, Calvert Co., Md.

JAN 20 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1941, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1941, to Jan. 19 1941, and that I last saw him alive on Jan. 19 1941.

Immediate cause of death	Duration
Respiratory failure	about 12 hr
Due to Bronchiectasis	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchiectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Stockton Miles M. D.

Address Union Memorial Hospital Date signed 1/19/41

76580

F 76580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1225 N. Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Jenkins Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife West Harrison

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 9, 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	6	9		

9. Birthplace Littleton N. Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Henry Williams
13. Birthplace Littleton N. Carolina

MOTHER
14. Maiden Name Bettie Faulkin
15. Birthplace Littleton N. Carolina

16 (a) Informant West Harrison
(b) Address 1225 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cemetery
Location A. A. County Md.

18 (a) Funeral director Mr. D. A. Elliott & Daughter
(b) Address 129 N. Caroline St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

1/24/41 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1941, to Jan 18 1941, and that I last saw h[illegible] alive on Jan 18 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Hour.
Due to Essential Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. F. Adams M. D.
Address 1222 N. Caroline Date signed 1-19-41

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Underlining of cause to which death should be charged statistically is especially important.

76581

F 76581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 E Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 E Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Harry White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16, 186[illegible]

8. AGE: Years 74 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Wright
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Caldwell
15. Birthplace Md.

16 (a) Informant Sarah J. Wallace
(b) Address 811 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) Jan 20 1941 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941, to Jan 17 1941, and that I last saw h[illegible] alive on Jan 17 1941.

Immediate cause of death — Duration

Cerebral Hemmorhage

Due to Hypertensive Cardio

Due to Vascular Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 803 N Fremont Date signed Jan 17

VS 8

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the causes of death clearly and legibly. Any error or omission in this certificate, especially in the cause of death, should be corrected. Information is especially important.

390945
F 76582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Box 562 Sinclair Lane (If rural give location)
3402 Sinclair Lane
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Rothamel Jr.

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 215-18-9512

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-97

8. AGE: Years 43 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John Rothamel
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Schleicher
15. Birthplace Md.

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 21 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2008 Pulaski St

19 (a) (Deputy Registrar) **(b)** Huntington Williams M.D. Registrar

JAN 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 18 1941, and that I last saw him alive on Jan 18 1941.

Immediate cause of death Peritonitis Generalized due to ruptured Gastric Ulcer. — **Duration**
Due to Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated gastric ulcer
Of autopsy Pneumonia; generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Monroe Mason III
Address Johns Hopkins Hospital **Date signed** 1/18/41 M. D.

F 76583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

103-V F 76583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please see that your answer to each question is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 N. Curley St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Curley St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHRISTOPH HORSTMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Horstmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1863

8. AGE: Years	Months	Days	If less than one day
77	10	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name George Horstmann,
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Hicks,
15. Birthplace Germany

16 (a) Informant Henry C.P. Horstmann,
(b) Address 112 N. Curley St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvert
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 1200 E Baltimore

19 (a) [illegible] (Signature of Registrar) [illegible] Registrar

JAN 20 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Jan 17 1941, and that I last saw h[illegible] alive on 1-16 1941.

Immediate cause of death	Duration
Coronary Thrombosis	7 hrs
Due to Chronic Asthma	20 yrs
Arterio Sclerosis	
Due to Chron Nephritis	15 yrs
" Bronchitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alma B Lawrence M. D.
Address 718 N Patterson Pk Date signed

F 76584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76584

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Northern Parkway,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Northern Parkway,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME SARAH ELLEN PASTERFIELD

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George E. Pasterfield,
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1853

8. AGE: Years	Months	Days	If less than one day
87	3	15 16	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hubbard,
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ethel Bowen,
(b) Address 2913 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20/19 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 200 E Lanvale

19 (a) ..... (b) ..... Registrar
(Date rec'd by registrar)

JAN 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1941, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1937 to Jany 16 1941, and that I last saw h[er] alive on Jan. 14 1941.

Immediate cause of death
Coronary Disease — Duration 3 mos
arterio-sclerosis — 5 yrs —
Due to —
Due to —
Other Conditions Diabetes Mellitus 10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Louis F. Krumrein M. D.
Address 722 N. Howard St Date signed Jan 17/41

F 76585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 76585
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6609 Fait Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Florence M. ~~Wrisler~~ Wrisler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Albert Wrisler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1891

8. AGE: Years 49 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Mr. Oliver Purvis
13. Birthplace Ireland

MOTHER
14. Maiden Name Miss Mary Allen
15. Birthplace Scotland.

16 (a) Informant Mr Albert Wrisler
(b) Address 6609 Fait Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 21/1941 (month) (day) (year)
(c) Cemetery or crematory Fern Knoll
Location Dallas Penn.

18 (a) Funeral director John Ullrich
(b) Address 2202 Allens St

19 (a) (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

JAN 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941 at 4:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941, to Jan 19 1941, and that I last saw her alive on Jan 19 1941.

Immediate cause of death: Diabetic coma

Due to: Diabetes mellitus.

Due to:

Other Conditions: Arthritis - rectal abscess.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md Gen. Hosp. Date signed 1/19/41

76586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 76586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 1019 Bennett Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moyett Clark.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-4409

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mrs Allan Clark
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER
12. Name Moyett Clark Sr.
13. Birthplace N C.

MOTHER
14. Maiden Name Mrs Allan Webbs
15. Birthplace N. C.

16 (a) Informant Mrs Bernice Lawrence
(b) Address 615 N. Caroline st.

17 (a) (Burial) (Burial, cremation, or removal) (b) Date thereof Jan 19 41 (month) (day) (year)

(c) Cemetery or crematory Dorfleet N C.
Location Dorfleet N C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 10:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Mayfield M.D.
Medical Examiner
Date signed 1-17-41

VS 6

76587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 76587 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 945 Madison Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 945 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Elesma Addison

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 54 | Months 53 | Days | If less than one day: hr. min.

9. Birthplace St Michels, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Thomas Peary
13. Birthplace Tilman Island, Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Annabelle Robson
(b) Address 528 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1941 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Arbutus Md

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Broadway

19 (a) Wife (b) M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1941, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941, to Jan 14 1941, and that I last saw her alive on Jan 10 1941.

Immediate cause of death: Cardiac insufficiency — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Douglas S. Hoffpauir, M. D.
Address 1963 Myrtle Ave Date signed 1/17/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 126

F 76588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use no abbreviations. Be sure that every item is complete and correct. Data concerning place of death and personal particulars must be obtained from the most reliable source. Statement of facts relating to cause of death must be made by the person who certifies to the cause of death. Cause of death must be stated in accordance with the International List of Causes of Death. Underlying cause of death, that is, disease or injury which initiated the train of morbid events which resulted directly in death, or the accident or violence which produced the fatal injury, is of chief importance. Indefinite or unsatisfactory causes of death, such as heart failure, asthenia, senility, coma, convulsions, uremia, etc., should not be returned without an explanation of the circumstances which gave rise to the use of such terms. Violent deaths must be reported promptly to the Coroner. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Fullerton
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #65
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME James F. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife MILDRED SMITH
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) AUG 20th 1901

8. AGE: Years	Months	Days	If less than one day
39	4	24	... hr. ... min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business NORTHERN SUPPLY

FATHER
12. Name FRANK SMITH
13. Birthplace MD

MOTHER
14. Maiden Name ANNA CARTER
15. Birthplace MD.

16 (a) Informant MILDRED SMITH
(b) Address JOPPA - HARFORD RD

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1 22-41 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location G1

18 (a) Funeral director LEONARD ROCK
(b) Address 530 HARFORD RD

19 (a) JAN 20 1941 (Date rec'd by Registrar) (b) Harding Tom Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941, to Jan 19 1941, and that I last saw him alive on Jan 19 1941.

Immediate cause of death	Duration
Acute Hemorrhagic Pancreatitis	7 days
Due to	
Due to	
Other Conditions Chronic Pancreatitis, Cholelithiasis (Include pregnancy within 3 months of death)	5 days

Major findings:
Of operations Acute Hemorrhagic Pancreatitis, Cholelithiasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis J. Volkmer M. D.
Address Mercy Hospital Date signed 1-19-41

F 76589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 41-D

F 76589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 6
(b) Street address 2234 Hoffman st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Hoffman st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J Hogan

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna Hogan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7-1890

8. AGE: Years	Months	Days	If less than one day
50	10	11	hr. min.

9. Birthplace Johnston Pa. (Town, county, and state)
10. Usual Occupation Commercial Artist
11. Industry or business

FATHER
12. Name John J Hogan
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Rosh.
15. Birthplace Pa.

16 (a) Informant Anna Hogan
(b) Address 2234 Hoffman st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 21 41 (month) (day) (year)
(c) Cemetery or crematory Nat. Cemetery
Location

18 (a) Funeral director Leonard J Koch
(b) Address 5305 Harford Road

JAN 20 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1940 to Jan 18th 1941, and that I last saw h was alive on Jan 17th 1941.

Immediate cause of death Carcinoma of Lung. — Duration Oct. 1939 → death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma left lung.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F. McCarthy M.D.
Address 1201 N. Eutaw st Date signed 1-18-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

F 76590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete and sign certificate. Answer questions correctly. Give full name of deceased. Do not use initials. Write out age in full. If less than one day, give hours or minutes. Fill in all blanks for which you have information. If you cannot answer a question, write "unknown" or "none" as the case may be. Do not leave blanks except for information not obtainable. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 Maryland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Catherine Fleischell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1926.

8. AGE: Years	Months	Days	If less than one day
14 15	3	23	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George A. Fleischell
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Ruth Greenfield
15. Birthplace Baltimore Md

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)
(c) Cemetery or crematory GREENMOUNT
Location

18 (a) Funeral director LEONARD RUCK
(b) Address 5305 HARFORD RD.

19 (a) JAN 20 1941 (b) (Local registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1940, to Jan 17 1941, and that I last saw h alive on Jan 17 1941.

Immediate cause of death Cerebral edema — Duration 4 days

Due to Acute disseminated Lupus erythematosus — 6 months.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebral edema Pulmonary edema

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Edwin Schenthal M. D.
Address Mercy Hospital Date signed 1/17/41

Autopsy by Williams, M.D.

F 76591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76591
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use figures for dates, ages, etc. Be sure that the information given is correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town near Annapolis. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mabel H. Lerch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife F. Thomas Lerch
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) February 13, 1872

8. AGE: Years	Months	Days	If less than one day
68	11	6	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Cook
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Myrtle Sturm
(b) Address 91 Market St., Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Ann's Cemetery
Location Annapolis, Md.

18 (a) Funeral director E. W. Tamonean
(b) Address 1003 W. Baltimore St.

JAN 20 1941 (Date rec'd by registrar)
(b) [illegible] M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19th 19 41, at 6:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 19 1939 to 1/19/41 19 , and that I last saw h alive on 1/15/41 19 .

Immediate cause of death — Duration
Chronic Diabetes — 12 Yrs
Due to Chronic nephritis — 8 Mos
Due to Chronic Cystitis — 1 Yr.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Wheaton M.D.
Address 430 Yorkway Date signed 1/19/41

F 76592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76592

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" inserted where necessary. Do not use abbreviations or ditto marks. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Naval Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 17
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Arnold (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Edward Tutt

3 (b) If veteran, name war: World War '17-'18
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	10	17/12		

9. Birthplace Calvert Co., Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business U. S. Naval Academy

FATHER
12. Name Robert Tutt
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name ~~xxxxxx~~ Susan Paddy
15. Birthplace Calvert Co Md.

16 (a) Informant Walter Tutt, Brother
(b) Address Arnold Md.

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Jan 21 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location Annapolis Md.

18 (a) Funeral director [illegible]
(b) Address 1003 N. Eutaw Street

19 (a) JAN 20 1941 (Date received by registrar) (b) [illegible] Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1941, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1941, to 1/19 1941, and that I last saw him alive on 1/19 1941.

Immediate cause of death	Duration
Cerebral hemorrhage, left	4 days
Due to Arterial hypertension	10 years
Due to Arteriosclerosis	10 years
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul W Lucas
Address U. S. Naval Hosp Date signed 1/19/41

VS 3

76593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 Registered No. 76593

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 655 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN MACK Burial F 1491

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 1940

8. AGE: Years	Months	Days	If less than one day
	5		hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name John Mack
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Eva Miller
15. Birthplace S. Carolina

16 (a) Informant John Mack Sr.
(b) Address 655 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Halstead Sanderlin
(b) Address 948

19 (a) JAN 20 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 19 41, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation — Duration: Instantly
Due to bed clothes
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-18-41 17-1
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury bed clothes

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-18-41

VS 6

F 76594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3723 2nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3723 2nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Hansel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-16-9442

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1870

8. AGE: Years	Months	Days	If less than one day
70	7	27	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Otto M. DuBrau Int. Dec. 3205 Elgin ave

FATHER 12. Name John Hansel

13. Birthplace Germany

MOTHER 14. Maiden Name Katie Krimmelbein

15. Birthplace Germany

16 (a) Informant Mrs Anna B Hansel

(b) Address 3723 2nd St Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/41 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) (Date rec'd by local registrar) (b) [illegible]

JAN 20 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941, at 3. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/41 19 , to 1/18 19 41 and that I last saw him alive on 1/17/41 19 .

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to myocarditis	
Due to	
Other Conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.

Address 203 Catalpa Ave Date signed

F 76595
OF 12605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63a

F 76595
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and if a married woman, the name of her husband. If not in hospital or institution, give residence instead of street and number. Fill all blanks for which you have data. If you do not know the exact facts, state what is probably correct. If you cannot state the age exactly, give it approximately. Do not use abbreviations. If the deceased was a child, state age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4940 eastern Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia League (VIRGINIA BLANCHE LEAGUE)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: F

5. Color or race: W

6 (a) ~~Single, married~~, widowed, or ~~divorced~~

6 (b) Name of husband or wife: Walter (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1869

8. AGE: Years 72 | Months 0 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business Invalid

FATHER
12. Name Phillip LeCompt
13. Birthplace Maryland

MOTHER
14. Maiden Name Sue Hubbard
15. Birthplace Maryland

16 (a) Informant Records
(b) Address 4940 eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20. '41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md. Geo F. Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) Date received by local registrar JAN 20 1941
(b) Registrar's signature Hortense Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1936, to 1941, and that I last saw h[illegible] alive on 1-17 1941.

Immediate cause of death: Myocardial arteriosclerosis & Heart failure — Duration: 5 yrs.

Due to

Due to

Other Conditions Fract. femur (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Calcified nodule in thyroid

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp. Date signed 1-18-41

PHYSICIAN
Underline the cause to which death should be charged [illegible] statistics covers

F 76596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76596
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Lena Vogl

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Ignatz Vogl
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) January 3 1864

8. AGE: Years	Months	Days	If less than one day
77		12	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: ? Reiser
13. Birthplace: Germany

MOTHER
14. Maiden Name: ? Stolze
15. Birthplace: Germany

16 (a) Informant: Mr. Ignatz Vogl
(b) Address: 1720 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1941 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Bay View Cemetery

18 (a) Funeral director: Henry Sander & Son Inc.
(b) Address: North Ave. & Broadway

JAN 20 1941 (Date received by registrar) (b) Hunting ton Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16, 1941 at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16th 1940, to Jan. 16th 1941, and that I last saw her alive on Jan. 16th 1941.

Immediate cause of death: Pulmonary edema. Cardiac dilatation.

Due to: Hyperten. card. v. sclerosis.

Due to: Arterio-sclerosis. Diabetes mellitus.

Other Conditions: Secondary anemia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Morris G. Dine M. D.
Address 118 Biaquith St. Date signed 1/18/41

F 76597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 76597
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every item. Make no erasures. Use no abbreviations. Give exact residence of deceased. Do not report "Hospital," "Infirmary," "Home," "Asylum," "Prison," or "Institution" as residence. Where deceased lived more than one year, give number of years in last place of residence. Give full name of deceased. Do not use initials or nicknames. Give correct age in years, months, days, hours, or minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Josephs Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 N. EAST AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Louis Hessler

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212-16-4989

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MAX E. HESSLER
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) SEPT. 1 1871

8. AGE: Years	Months	Days	If less than one day
69	4	17	... hr. ... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED PRINTER
11. Industry or business

FATHER
12. Name GEORGE A. HESSLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH MANN
15. Birthplace GERMANY

16 (a) Informant GEORGE L. HESSLER (BROTHER)
(b) Address 136 N. EAST AVE.

17 (a) BURIAL (b) Date thereof JAN. 21/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 20 1941 (b) Hunting [illegible]
(Must not be filled in by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941 at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941 to Jan 18 1941 and that I last saw him alive on Jan. 18, 1941

Immediate cause of death — Duration

Gangrene of R. leg

Due to Diabetes Mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Lynch M. D.
Address St. Josephs Hosp. Date signed 1/18/41

F 76598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-6

F 76598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use typewriter if possible. Do not abbreviate. Be sure to answer each question. Be sure to give the correct age in each case. Information as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Menplus ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write R.F.D. and give town)
(d) Street No. 1814 Menplus ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cennie W. West

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jas. W.
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan. 2 - 1884

8. AGE: Years 57 | Months | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Bartley Costello
13. Birthplace Ireland.

MOTHER
14. Maiden Name Winifred Hanton
15. Birthplace Ireland

16 (a) Informant Jas. W. West
(b) Address 1814 Menplus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21- 41 (month) (day) (year)
(c) Cemetery or crematory Mem. Bath.
Location Old Frederick Rd

18 (a) Funeral director John. A. Moran
(b) Address 3000 E Balto. St

19 JAN 20 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1935 to Jan 17 1941 and that I last saw h[illegible] alive on Jan 17 1941.

Immediate cause of death (1) Chronic Interstitial Nephritis — Duration 5 Years
Due to
Due to
Other Conditions Hypertension — 10 Years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Rice M.D.
Address Dundalk, Md. Date signed 1-19-41

76599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 E 76599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N Eden St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Boardley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Widowed

6 (b) Name of husband or wife Alfred Boardley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1883

8. AGE: Years	Months	Days	If less than one day
57	2		hr. min.

9. Birthplace Washington N. C.
(town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Lair Hankins
15. Birthplace Washington N. C.

16 (a) Informant Sylvia Johnson
(b) Address 1624 Hillman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Baltimore a. a. Co. Md.

18 (a) Funeral director Patterson Mamie W. Knight
(b) Address 1218 Mc Elderry St

JAN 20 1941 (a) Date received by Registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1941, at 8A M

21. I certify that death occurred on the date above stated, that I attended deceased from 12-20 1940, to 1-17 1941, and that I last saw h alive on 1-16 1941.

Immediate cause of death Duration

Interstitial Nephritis 12-15-40

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Leo S Allen
Address 516 Pleasant St Date signed 1-19-41

F 76690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 76690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 N. Dunham st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Dunham st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carolina Joukl

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Century Joukl
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1865

8. AGE: Years	Months	Days	If less than one day
75 74	3	8	..... hr. ..... min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Joukl Not Known
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Joseph Joukl
(b) Address 812 N. Dunham st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore

18 (a) Funeral director Frank Crackson
(b) Address 1210 N. Chester st.

19 (a) ..... (Date rec'd by registrar) Hunting ton Hillsboro MD

JAN 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1941, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 18 1941, and that I last saw h[illegible] alive on Jan 18 1941.

Immediate cause of death Coronary Occlusion — Duration 1/18/41
Due to Ch. Myocarditis — 1936
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature William Rykaren M.D.
Address 801 N Kenwood Ave Date signed Jan 20 41

VS 8

F 76601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-D

F 76601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4314 Walther Bl'vd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs. 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4314 Walther Bl'vd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Laura Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis J. Schneider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1872

8. AGE: Years	Months	Days	If less than one day
68	3	5	hr. min.

9. Birthplace Port Penn Penna.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Louis J. Schneider
(b) Address 4314 Walther Bl'vd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md

18 (a) Funeral director Harry A. Mencarow
(b) Address 4204 Ridgewood Ave

JAN 20 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940. to Jan 18 1941. and that I last saw h alive on Jan 17 1941.

Immediate cause of death Carcinoma of Bladder — Duration 8 mos

Due to

Due to

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury

23. Signature Chas H Blake M. D.
Address 202 Preston Date signed 1/20/41

F 76692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 76692 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Eugina Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James E. Butler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	10	16		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Louis Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Hartlove
15. Birthplace Maryland

16 (a) Informant James Emory Butler
(b) Address 1825 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md

18 (a) Funeral director Mary A. Ammerman
(b) Address 4204 Ridgewood Ave

19 (a) JAN 20 1941 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1941, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1937 to Jan 16 1941, and that I last saw her alive on Jan 14 1941.

Immediate cause of death — Duration
anemia of cancer — 4 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Weller M.D.
Address 201 W. Lenox ave Date signed Jan 20 1941

Registrar
Martha Lou Williams, M.D.

F 76693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76693 Registered No. 193-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5
(c) Hospital or institution South Balt. General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 W Churchill St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Harris

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of (husband) or wife: William Harris

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) 6 - 3 - 1876

8. AGE: Years 64 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Hughes
13. Birthplace Md

MOTHER
14. Maiden Name Josphine
15. Birthplace Md

16 (a) Informant William Harris
(b) Address 24 W. Churchill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 20 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

JAN 20 1941 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 10:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L Kehoe M.D. (Medical Examiner)
Date signed 1 - 17 - 41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76604 76604

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto. Gen'l Hospital St. 27-18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. Thomas J. O'Brien

If U. S. Veteran specify WAR

(a) Residence: No. 4823 Reisterstown Rd St., Ward 8 S. 214-12-4240

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia O'Brien

6. DATE OF BIRTH (month, day, year) October 22, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	54	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pub. Imp. Commission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Joseph O'Brien

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna S. Clark

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

17. INFORMANT Miss Mary J. O'Brien

(Address) 4823 Reisterstown Road

18. BURIAL, [redacted]

Place New Cathedral Date 1-21-41 19

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.,

(Address) North & Pa. Avenues,

20. Filed ... 19... (Registrar)

JAN 20 1941

Thurlington for Hollander

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/11/41, 19... to 1/18/41, 19...

I last saw him alive on 1/18/41, 19... Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	1 month
Other contributory causes of importance: Hypertensive heart dis.	10 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold A. Scott, M. D.

(Address) W. B. & L. H.

vs.

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 76605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 ~~xxx~~ yrs

15 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Fernhill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul C.E. Hauser (Paul C.E. Hauser)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ida E. Hauser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16 1860

8. AGE: Years	Months	Days	If less than one day
72	11	3	hr. min.

9. Birthplace Philadelphia, Penn. (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business Retired

FATHER
12. Name J. Conrad Hauser
13. Birthplace Switzerland

MOTHER
14. Maiden Name Margaret Rommel
15. Birthplace Germany

16 (a) Informant Mr. Gus C. Hauser
(b) Address 4210 Belview Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22nd 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941, at 8 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1940 to Jan 19 1941, and that I last saw him alive on Jan 18 1941

	Duration
Immediate cause of death: Cardiac Failure	?
Due to: Arteriosclerotic H.D.	?
Due to:	
Other Conditions: Coronary Sclerosis, Myocardial Fibrosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Rommel M.D. M. D.
Address [illegible] Date signed 1-19-41

VS 3

F76606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-a

✓F76606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1536 Woodyear St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James N. SYDNOR

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Mattie Frazer Johnson

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 16, 1870

8. AGE: Years	Months	Days	If less than one day
70	8	1	hr. min.

9. Birthplace Cushan County, Virginia
(Town, county, and state)

10. Usual Occupation Fireman, Brickyard

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Anna (Unknown)
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/1941 (month) (day) (year)

(c) Cemetery or crematory Balto. National Cem.
Location Baltimore, Md.

18 (a) Funeral director Charles L. Wolfe
(b) Address 514 N. Calhoun St.

19 (a) (b) (Registrar)

JAN 20 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1941, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1940, to Jan. 17, 1941, and that I last saw him alive on Jan. 17, 1941.

Immediate cause of death	Duration
Generalized arteriosclerosis	Unknown
Due to	
Due to	
Other Conditions Cardiac disease, valvular unk aortic insufficiency; acute bronchitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. H. Anderson / Duncan M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 1/17/41

76697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 76697

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3704 Gwynn Oak Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3704 Gwynn Oak Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY C. VORDEMBERGE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa M. Vordenberge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 12, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Restaurant Proprietor

11. Industry or business

FATHER
12. Name Wm. Vordemberge
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina
15. Birthplace

16 (a) Informant Mr. Wm. F. Vordemberge
(b) Address 818 Lyndhurst Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues,

19 (Date rec'd by registrar) (b) Huntington, Ind.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1941, at 1:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1941 to 1/18 1941, and that I last saw h alive on 1/16 1941.

Immediate cause of death Heart block. — Duration ?

Due to Arteriosclerotic heart disease — 2 yrs.

Due to Blow on head & soft tissue injury may have hastened death. — 8 days.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Partially

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 1/15/41

(c) Where did injury occur? Baltimore, Md.
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.

(e) Means of injury Fell and struck head.

23. Signature Robert A. Reiter M. D.

Address 3408 Windsor Ave. Date signed 1/20/41

Howard J. Weaver M. D.

F 76608

F 76608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fallsette & Calhoun St
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town .....
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Clarkson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

23

3 (a) **FULL NAME** John T. Wheeler. Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ethel K. Wheeler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1900

8. AGE: Years 40 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Boat Haul Operator

11. Industry or business W. Md. R.R.

FATHER
12. Name John T. Wheeler Sr
13. Birthplace Md

MOTHER
14. Maiden Name Florence Eslein
15. Birthplace Md

16 (a) Informant Ethel K. Wheeler
(b) Address 1621 Clarkson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400 - 02 S. Charles St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly as is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1941, at 4 28 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941, to 1-18 1941, and that I last saw him alive on 1-18 1941

Immediate cause of death Carcinoma Incompetency. — Duration .....

Due to Bronchopneumonia .....

Due to ....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature John P. Ulrich Jr. M. D.
Address Franklin Square Hosp. Date signed 1-18-41

S 3

76609

✓ F 76609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1317 Patapsco St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1317 Patapsco St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry J. Schmidt, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Barbara C. Schmidt (Mary E.)

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 10, 1886

8. AGE: Years	Months	Days	If less than one day
54	6	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Grocer (owner)

11. Industry or business Grocery Business

FATHER 12. Name Henry Schmidt

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Emma Wright

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Emma Schmidt (Wife)

(b) Address 1317 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1941 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cemetery

Location Anne Arundel Co. Md.

18 (a) Funeral director A. Howard Evans

(b) Address 1400-02 St. Charles St.

19 (a) Jan 20 1941 (Date received by registrar) (b) Wm. J. Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 17 1941, and that I last saw him alive on Jan 15 1941.

Immediate cause of death Cardio-Vascular Renal Disease — Duration 6 yrs

Due to

Due to

Other Conditions Hepatic Cirrhosis, Cardiac Dilatation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Vincent M. Messina M. D.

Address 1403 S Charles St Date signed 1/18/41

F 76610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-8

Registered No. F 76610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 S. Fagley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur Granville

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1938

8. AGE: Years	Months	Days	If less than one day
2½	5	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilbur C. Granville
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name May Loeffler
15. Birthplace Baltimore Md.

16 (a) Informant Wilbur C. Granville
(b) Address 905 S. Fagley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Edward F. Hoffman
(b) Address 1639 N. Broadway.

JAN 20 1941 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1941, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1941, to 1-18 1941, and that I last saw h alive on 1-18 1941.

Immediate cause of death: Influenzal Meningitis — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. L. Richter, Cert. Physician Hosp. M. D.
Address Date signed

F 76611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76611 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED: same as above
(a) State MD (b) County BALTO.
(c) City or town RURAL
(If outside city or town limits, write RURAL and give town)
(d) Street No. ODENTON, MD
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME PATRICIA ANN CHOWANETZ

3 (b) If veteran, name war: —

3 (c) Social Security Account No.:

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) JULY 3, 1939

8. AGE: Years 1 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace ODENTON MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name JOSEPH CHOWANETZ
13. Birthplace BALTO MD

MOTHER
14. Maiden Name ALICE ZALOES
15. Birthplace ODENTON MD.

16 (a) Informant JOSEPH CHOWANETZ
(b) Address ODENTON MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)
(c) Cemetery or crematory MILLERSVILLE CEM
Location MILLERSVILLE MD

18 (a) Funeral director Jack Lang Inc.
(b) Address 1439 E. Balto St

JAN 20 1941 (Date received by registrar) (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941 to Jan 20 1941, and that I last saw her alive on Jan 20 1941.

Immediate cause of death: Bronchopneumonia — Duration: ?

Due to: Pertussis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Thelma D Lappelman M.D.
Address 1213 Light St. Date signed 1/20/41

Thelma Malden MD for H. L. Wallenmeyer, MD Asst Medical Examiner

K 76612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 76612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 ECHODALE AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 ECHODALE AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie G R KRAUS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	MARRIED

6 (b) Name of husband or wife GEO KRAUS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace BALTO Co. (Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant GEO KRAUS
(b) Address 2909 WHITE AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)

(c) Cemetery or crematory MORELAND
Location

18 (a) Funeral director LEONARD BUCK
(b) Address 5306 HARFORD RD.

JAN 20 1941

(Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18-41 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940. to Jan. 17 1941.
and that I last saw her alive on Jan. 17 1941,

Immediate cause of death

	Duration
Coronary Occlusion.	2 mos.
Due to Rheumatic Heart Disease	38 yrs.
Due to	
Other Conditions, Angina Pectoris. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature James E. White. M. D.
Address 5214 Harford Rd. Date signed 1-20-41

F 76613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-B

F 76613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 Scott St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life 21-1

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Scott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry L. Krauss

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-03-8155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Krauss
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 7-20-1875

8. AGE: Years	Months	Days	If less than one day
65	5	29 28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Salesman.
11. Industry or business General Refuse Co

FATHER
12. Name Louis Krauss
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Hoffmann
15. Birthplace Baltimore Md.

16 (a) Informant Elizabeth Krauss
(b) Address 1217 Scott st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21. 1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Fredrick rd.

18 (a) Funeral director Ambrose Sons
(b) Address 414 N. Frankelstown rd.

19 (a) Date received by Registrar JAN 20 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18th 1941 at 6.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3, 1941 to Jan 18 1941 and that I last saw him alive on Jan 15, 1941.

Immediate cause of death	Duration
Angina Pectoris	1½ hr
Due to Arteriosclerosis	3 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Heart Attack

23. Signature Henry Heath M. D.
Address 517 Scott St Date signed Jan 18/41

VS 3

F 76614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 76614
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Whitelock St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 20 years

3 (a) FULL NAME Mrs. Sonah Fookman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife David Fookman

6 (c) If alive, give age 15?? years

7. Birth date of deceased (mo., day, yr.) Aug. 1894

8. AGE: Years	Months	Days	If less than one day
46	5		hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mark Newman
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Bass
15. Birthplace England.

16 (a) Informant Mr. S. Newman
(b) Address Green Spring Manor Apts

17 (a) Burial (b) Date thereof 1/24/41.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place
JAN 20 1941 (b) Hunter for Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1941, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1941, to 1-19 1941, and that I last saw her alive on 1-19 1941.

Immediate cause of death Cerebral hemorrhage?
Due to hypertension
Due to
Other Conditions A? Pt. heart

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Hecht M.D.
Address Sinai Hosp. Date signed 1-21-41

VS 3

F 76615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 76615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1572 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Harris Birth # F 2975

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-41

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Isaac Harris
13. Birthplace Maryland (Eastern Shore)

MOTHER
14. Maiden Name Stella Muse
15. Birthplace Essex, Va.

16 (a) Informant Mother
(b) Address 1572 W. Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JAN 20 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 20 1941 (Date received by registrar) Huntington Williams, M.D. (Registrar) 6190

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1941, at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941, to 1-17-1941, and that I last saw him alive on 1-17- 1941.

Immediate cause of death Respiratory failure — Duration

Due to Prematurity (29 wks.) — 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. King B. E. Logan, Jr. M.D.
Address University Hospital Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

76616 76616

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Calhoun St. 15-1 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Morris

If U. S. Veteran specify WAR _____

(a) Residence: No. 1740 Calhoun St., _____ Ward Birth # F 21838
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 19 1941

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Clarence Morris

14. BIRTHPLACE (city or town) Richmond
(State or country) Va

MOTHER

15. MAIDEN NAME Francis Williams

16. BIRTHPLACE (city or town) Richmond
(State or country) Va

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 20 1941
Commissioner of Health

19. UNDERTAKER _____
(Address) For H. A. Moore

20. FILED JAN 20 1941 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h___ alive on _____, 19__ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Died during labor	
Asphyxia Neonatorum	

Other contributory causes of importance:

Suffocation, during labor	
non assistance at time of birth	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Thos. Woodbridge M. D.

(Address) 703 N. Eutaw St.

V0 3

6188

76617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 76617

DH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 S Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
William S Cohil or Cohit

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70?			hr. min.

9. Birthplace ?
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

Information unobtainable

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 20 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moeller

19 (a) JAN 20 1941 Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

VS 3

6189

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-1941, at 9:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-1941, to 1-5-1941, and that I last saw him alive on 1-5-1941.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	?
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Subarachnoid Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 1-17-41 M. D.

76618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 76618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmond & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl Spurlin.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-11-41

8. AGE: Years	Months	Days	If less than one day
			8 hr. ..... min.

9. Birthplace Catonsville, Md; Balto. county
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Edward Spurlin
13. Birthplace Baltimore County
MOTHER 14. Maiden Name Sara Jane Burdett
15. Birthplace Baltimore County

16 (a) Informant Edward Spurlin
(b) Address Catonsville, Md.

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location UNIVERSITY MEDICAL SCHOOL JAN 20 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) JAN 20 1941 Huntington Williams, M.D.
(Date received by Registrar) Registrar

6191

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-41 19 ..., at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12-41 19 ..., to 1-12-41 19 ..., and that I last saw her alive on 1-12-41 19 ...

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Gibbs M. D.
Address Univ. Hosp. Date signed 1-12-41

F 76619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 76619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 433 E. Gettings

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 V

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto., Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 433 E. Gettings

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Freburger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jos. F. Freburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23/78

8. AGE: Years 62 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Tierney

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Mary

15. Birthplace

16 (a) Informant Edward J. Tierney

(b) Address 433 E. Gettings St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Margaret G. Flynn

(b) Address 1422 Light St

19 (a) JAN 20 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1933, to Jan 20 1941, and that I last saw her alive on Jan 19 1941.

Immediate cause of death: Cardio-Vascular Renal Disease — Duration: 2

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. H. Barranco M. D.

Address 436 E Fort Ave Date signed 1/20/41

F 76620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 100-D F 76620 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Granite (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C. Atherton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Thomasine K. Atherton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1868

8. AGE: Years	Months	Days	If less than one day
72	1	2321	hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation Stone worker
11. Industry or business Quarry

FATHER
12. Name Wm F. Atherton
13. Birthplace Maine

MOTHER
14. Maiden Name Susan Parsons
15. Birthplace Maine

16 (a) Informant Frances Atherton
(b) Address Granite, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Md Memorial
Location Randallstown

18 (a) Funeral director C. Harry Weer
(b) Address Lutherville, Md.

JAN 20 1941 (Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1.19.41 19 , at 6:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1.17. 1941, to 1.19 1941, and that I last saw him alive on 1.19 1941.

Immediate cause of death	Duration
Streptococcus Septicemia	2 days
Due to Thrombophlebitis of leg	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Buell M. D.
Address Univ. Hospt Date signed 1.19.41

VS 3

F 76621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 76621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3902 Gelston Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Reed

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Widow

6 (b) Name of husband or wife William Reed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1891

8. AGE: Years	Months	Days	If less than one day
49	2	4	hr. min.

9. Birthplace Kings Queen Co Virginia
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Rev. W. W. Allen
(b) Address Laurel & Fremont Ave

17 (a) Burial (b) Date thereof 1 22-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) JAN 20 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941 at 3 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Multiple arterial aneurysms	
of ascending and abd aorta	
Due to Rupture of aneurysm with	
hemoperitoneum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. M. Vandeveer M.D.
Medical Examiner.
Date signed 1/19/41

76622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76622 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 N. Bruce st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Bruce st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Booker

3 (b) If veteran, name war — (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Samuel H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-10-1891

8. AGE: Years	Months	Days	If less than one day
50 49	-	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER 12. Name Daniel Glickson.
13. Birthplace Md.

MOTHER 14. Maiden Name Henrietta Bennett.
15. Birthplace Md

16 (a) Informant William A Bolden
(b) Address 809 N. Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 21 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 JAN 20 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1941, at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1941, to Jan 17 1941, and that I last saw h e alive on Jan. 17 1941.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration 6 Mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Phillips M.D.
Address 5360 Lowndes St Date signed 1/19/41

VS 8

F 76623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C

Registered No. F 76623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
Street No. 8 Bedford Ave (If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph R. Corbett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Byines
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 12, 1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	10	8		

9. Birthplace Pikesville, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business Coal Business

FATHER
12. Name Robert Corbett
13. Birthplace Pikesville

MOTHER
14. Maiden Name Catherine Winand
15. Birthplace Pikesville

16 (a) Informant Mary B. Corbett
(b) Address Pikesville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Frank H. Kenwell.
(b) Address Pikesville, Maryland

19 JAN 20 1941 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-1941, at 8:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Gun shot of Head — Duration

Due to

Due to

Other Conditions Acute Osteomyelitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-20-1941
(c) Where did injury occur? 8 Bedford Ave - See above (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot of head

23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 1-20-41

76624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76624 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct answers especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Holabird Quartermaster Depot
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Hendersonville (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D # 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWELL SERGEANT

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1/10/95

8. AGE: Years	Months	Days	If less than one day
46	0	5	— hr. — min.

9. Birthplace AVONDALE, TENNESSEE (Town, county, and state)
10. Usual Occupation SOLDIER
11. Industry or business U. S. ARMY

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name LIZZIE SERGEANT
15. Birthplace —

16 (a) Informant WILLIAM. N. S. PUGH
(b) Address HOLABIRD QM. DEPOT, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/21/1941 (month) (day) (year)
(c) Cemetery or crematory
Location NASHVILLE, TENN.

18 (a) Funeral director Walter Pugh Bradley Lasdick
(b) Address 1922 W. Mount Royal Ave. 2101 Mc Culloh St.

19 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1941, at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive heart disease. — Duration

Due to —

Due to —

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer Asst. Medical Examiner M.D.
Date signed 1-20-41

76625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4636 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4636 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alice Chubb Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harvey R. Johnston
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 29, 1907

8. AGE: Years	Months	Days	If less than one day hr.	min.
33	8	20		

9. Birthplace Owego, New York (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ward E. Chubb
13. Birthplace Not obtainable

MOTHER
14. Maiden Name Minerva Sibley
15. Birthplace ----- Pennsylvania

16 (a) Informant Harvey R. Johnston
(b) Address 4636 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/41 (month) (day) (year)
(c) Cemetery or crematory
Location Owego, Tioga County, N. Y.

18 (a) Funeral director H. W. Mears and Son
(b) Address 895 North Calvert Street

19 (a) JAN 20 1941 (Date received) (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1941, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from September 1940 to January 19 1941, and that I last saw him alive on January 19 1941.

Immediate cause of death: Spontaneous pneumothorax — Duration 12 hrs.
Due to: Pulmonary Tuberculosis — 8 yr.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. W. Dorothy M. D.
Address 12 Charlesgate Pl. Date signed 1/20/41 M. D.

VS 2

76626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 76626 4268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, this correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severna Park R.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Whitneys Landing Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs. years

3 (a) FULL NAME Amelia Hernburg. Nernburg

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Andrew Nernburg.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1883.

8. AGE: Years	Months	Days	If less than one day
57	4	13	..... hr. ..... min.

9. Birthplace Hanover Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own Home

FATHER
12. Name Charles Bohn
13. Birthplace Germany

MOTHER
14. Maiden Name Elenor Morris
15. Birthplace Germany

16 (a) Informant William Nernburg
(b) Address Severna Park, P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1940. (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memo. Park
Location Glen Burnie, Md

18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie, Md.

19 JAN 20 1941 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941, at 5.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941, to 1-19 1941, and that I last saw her alive on 1-18 1941.

Immediate cause of death Cardiac failure — Duration 5 days

Due to Sepsis from long observed bed sore

Due to Thigh & Leg Gangrene

Other Conditions Diabetes. Poss Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Large doses of Insulin
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S W Parlow M. D.
Address St Agnes Date signed 1/19

VS 3

76627 — F 76627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 W Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Mason Fendall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10 1855

8. AGE: Years 85 86 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha Cooke
15. Birthplace Virginia

16 (a) Informant Mr. M. Fendall
(b) Address 141 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1941 (month) (day) (year)
(c) Cemetery or crematory Front Royal
Location Virginia

18 (a) Funeral director J. P. Jenkins & Son Co.
(b) Address Orchard & McCollum

19 (a) JAN 20 1941 (b) Huntington Wilson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1930 to Jan 19 1941, and that I last saw her alive on Jan 19 1941.

Immediate cause of death
Due to Arteriosclerosis Myocarditis Hypertension — Duration Gradual

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Woody M. D.
Address 1403 Parkside Date signed 1/20/41

VS 3

76628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 76628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hr. ~~days~~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Booth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MELVIN JOHNSON

3 (b) If veteran, name war –
3 (c) Social Security Account No. none

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1917

8. AGE: Years 23 | Months 4 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name James Johnson
FATHER 13. Birthplace Catonsville Md

MOTHER 14. Maiden Name Katherine Matthews
MOTHER 15. Birthplace Howard County Md

16 (a) Informant James Johnson father
(b) Address 1510 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Balto. Co.

18 (a) Funeral director Wm. M. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 20 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 1 15 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage	
Due to Stab wound of chest	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan 18, 1941
(c) Where did injury occur? 1002 W Lexington St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury pocket knife - stabbed

23. Signature H. L. Wallenmeier M.D.
Medical Examiner
Date signed 1-18-41

Surg. Alteration

76629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 76629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 George St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Bauerlein

3 (b) If veteran, name war

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband ~~or wife~~ George J. Bauerlein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1853

8. AGE: Years	Months	Days	If less than one day
87	6	19	hr. min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name ~~Geo~~ P. Bauerlein
13. Birthplace Not known Maryland

MOTHER
14. Maiden Name Not known
15. Birthplace " "

16 (a) Informant Next of Kin
(b) Address City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23-1941 (month) (day) (year)
(c) Cemetery or crematory St. John's Catholic Cem.
Location Westminster Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster Md.

19 JAN 20 1941 (b) Thurlington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-1941 to 1-20-1941, and that I last saw her alive on 1-20-1941.

Immediate cause of death	Duration
Post operative Pneumonia	
Due to	
Due to	
Other Conditions Fracture Shaft of left femur	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/8/1941
(c) Where did injury occur? Westminster, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury fell in Home (Floor)

23. Signature Dr. J. Montagnino, M. D.
Address St. Agnes Hosp Date signed 1-20-41
(Dr Wollenweber Notified)

F 76630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76630 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 882 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Boarman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	NHF	Female	White	Married

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1911

8. AGE: Years	Months	Days	If less than one day hr.	min.
29	6	14		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Littleton Pusey (Bursure)
13. Birthplace Md.

MOTHER
14. Maiden Name May Kelly
15. Birthplace Md.

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 JAN 21 1941 (Date rec'd by registrar) (b) Hunter Jon Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1941, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9, 1941, to Jan. 18, 1941, and that I last saw her alive on Jan. 18, 1941.

Immediate cause of death	Duration
Cardiac failure	3 days
Due to Pulmonary tuberculosis - about 9 mo. past proven 2 mo ago	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospital Date signed 1-20-41

VS 2

F 76631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 76631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 W. Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 W. Lorraine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Alton Bledsoe

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1905

8. AGE: Years 35 | Months 23 | Days 25 | If less than one day: hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Allied Mortgage Co

FATHER
12. Name Oscar Bledsoe
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Morgan
15. Birthplace Nova Scotia

16 (a) Informant Emma Bledsoe
(b) Address 330 W. Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 JAN 21 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1941, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4, 1931, to Jan. 20, 1941, and that I last saw him alive on Jan. 20, 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration 10 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Ogden M. D.

Address 2701 N. Calvert St. Date signed Jan. 20, 41.

F 76632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 76632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia J Collins

3 (b) If veteran, name war: no

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martin T. Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1878

8. AGE: Years 62 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Sweeney
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Martin T Collins
(b) Address 719 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)

(c) Cemetery or crematory Holy Cathedral
Location Baltimore Md

18 (a) Funeral director Wilborn & Co
(b) Address 1217 E Pratt St

19 (a) JAN 21 1941 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Jan 19 1941, and that I last saw h[illegible] alive on Jan 18 1941.

Immediate cause of death
(a) Cerebral hemorrhage

Due to arteriosclerosis

Due to

Other Conditions Left sided cerebral hemorrhage with hemiplegia (Include pregnancy within 3 months of death)

Duration: ?

Dec 4

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel Schaefer M.D.
Address 714 E. Preston St Date signed 1/24/41

F 76633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 76633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 N Eaton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N Eaton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Grund
3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed or divorced Married
6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 30, 1856
8. AGE: Years 84 Months 3 Days 19 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name John Crone
13. Birthplace Ireland
MOTHER 14. Maiden Name Margaret Morrisey
15. Birthplace Ireland
16 (a) Informant Marie Grand
(b) Address 1114 N. Eaton St
17 (a) Buria (Burial, cremation, or removal) (b) Date thereof 1-22-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director Fulton Coe
(b) Address 219 N Paul St
19 (a) (Date received by Local Registrar) (b) Registrar
JAN 21 1941
Hamilton Lee Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941 at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to 19 Jan 1941, and that I last saw her alive on Jan 19 1941.

Immediate cause of death Myocarditis — Duration 1 hr
Due to Senile Epilepsy — Duration 5 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Z Vance Hooker M. D.
Address 2566 Fredkn Date signed 20 Jan

VS 3

F 76634

F 76634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 East 41st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 504 E 41st St (If rural give location)
9-1
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles F Farley

3 (b) If veteran, name war No | 3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nancy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17 1857

8. AGE: Years 83 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace New York U. S. (Town, county, and state)

10. Usual Occupation Police Officer Retired

11. Industry or business

FATHER 12. Name Edward Farley
13. Birthplace Germany N. Y.

MOTHER 14. Maiden Name Harriet Tingley
15. Birthplace N. J.

16 (a) Informant Nancy F. Farley
(b) Address 504 East 41st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Mulhorn & Cook
(b) Address 1217 N Gay St

JAN 21 1941 (Date rec'd by Registrar) (b) [illegible] Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 18 1941, and that I last saw him alive on Jan 15 1941.

Immediate cause of death — Duration

Coronary Thrombosis — 3
Due to Chronic Arthritis
Chronic Bronchitis
Due to Arteriosclerosis
Angina Pectoris —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alan B Lemmon M. D.
Address 7 R N Pallerson Pa Date signed

F 76635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 76635
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
Eutaw Convelesent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ******
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2633 Hafer St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 Yrs. years

3 (a) FULL NAME Antonne L. Preissler

3 (b) If veteran, name war ****
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Widowed

6 (b) Name of husband or wife Amelia Preissler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1873

8. AGE: Years	Months	Days	If less than one day
67	5 6	8	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Meat

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Anthony A. Preissler
(b) Address 2633 Hafer St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Ludon Park
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1941, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1937 to 20 Jan 1941, and that I last saw him alive on Jan 20 1941.

Immediate cause of death Cerebral Hemor — Duration 2 hrs
Due to Diabetes — 2 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Z. Preissler Stroper
Address 2565 Fredenbeck Date signed 20 Jan 1941

JAN 21 1941

F 76636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-M Registered No.

F 76636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Parklawn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Parklawn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Pahlen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Pahlen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1862

8. AGE: Years	Months	Days	If less than one day
77	5	29	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Pehl
13. Birthplace Germany

MOTHER 14. Maiden Name Melvina Poehlman
15. Birthplace Germany

16 (a) Informant Mr. Edward Allen
(b) Address 3315 Parklawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)
(c) Cemetery or crematory St. Mathias
Location Old Wilkens Ave.

18 (a) Funeral director John E. Mulloy Sons
(b) Address 2435 E. Oliver St.

19 (a) (Signature of Registrar) (b) Registered

JAN 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to Jan 18 1941, and that I last saw h[illegible] alive on Jan 17 1941.

Immediate cause of death: Cerebro Vascular Sclerosis
Due to: Senile Debility
Due to:
Other Conditions: Gall Stones

Duration: 9, 1940,

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar P. Likowsky M.D.
Address 1939 N. Charles St. Date signed 1-22-41

F 76637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1837 Druid Hill Ave

(c) Hospital or institution: -

(d) Length of stay in hospital or inst. (yrs., mos., or days) -

(e) Length of stay in Baltimore (yrs., mos., or days) -

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1837 Druid Hill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Butler Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1863

8. AGE: Years 77 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Newbury S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Not known

13. Birthplace "

MOTHER 14. Maiden Name Not known

15. Birthplace "

16 (a) Informant Mrs. Amelia Bush

(b) Address 1837 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)

(c) Cemetery or crematory Arbutus Park

Location Baltimore Md

18 (a) Funeral director Jesse Redden

(b) Address 436 W. Biddle St

19 (a) JAN 21 1941 (b) Hunting for Williams, M.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 5 58 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to Jan 17 1941 and that I last saw h alive on Jan 17 1941.

Immediate cause of death — Duration

Cerebral Thrombosis 2 days

Due to Pneumonia of Lower 2 mos.

Due to Colon

Other Conditions Arteriosclerosis Myocarditis Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. Thomas Higgins M. D.

Address 1243 Madison Ave Date signed 1/20/41

F 76638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 76638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 N Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Lakewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie M. Burgess

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert T. Burgess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1855

8. AGE: Years 86 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Cherry Hill, Md (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER 12. Name John Callahan

13. Birthplace Unknown

MOTHER 14. Maiden Name Catherine Campbell

15. Birthplace Unknown

16 (a) Informant Bessie Burgess

(b) Address 113 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)

(c) Cemetery or crematory St. Georges, Delaware

Location St. Georges, Delaware

18 (a) Funeral director Lakewood Ft Covington

(b) Address 21 W. 26th St Wilmington, Del.

19 JAN 21 1941 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940, to January 18 1941. and that I last saw her alive on Jan 17 1941.

Immediate cause of death
Myocardial degeneration
Chronic Interstitial Nephritis.

Due to

Other Conditions Cardiac Dilatation
Uremic Coma

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 yrs
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Albert Greenberg M. D.
Address 20 W 25 Ellwood Ave Date signed 1-19-41

VS 3

F 76639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Riverside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Riverside Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva D. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Howard W. Lewis
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 22, 1878

8. AGE: Years	Months	Days	If less than one day
62	6	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John L. Butler
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Fenton Wheeler
15. Birthplace Reedville Va.

16 (a) Informant Howard W. Lewis
(b) Address 1205 Riverside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Boulevard

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JAN 21 1941 (Date received by registrar) (b) Clarence F. Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Jan 19 1941, and that I last saw h alive on 19

Immediate cause of death: Hypertension — Duration: 6 mos.
Due to:
Due to:
Other Conditions: Acute coronary occlusion with pulmonary edema — 1 day
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 122 E Chase Date signed 1/20/41

76640

HEALTH DEPARTMENT—CITY OF BALTIMORE

76640

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH Levindale - Greenspring - Belvedere

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Hebrew Home for Aged Ward 30 Ward 3

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Fannie Fishler

If U. S. Veteran specify WAR .....

(a) Residence: No. 2024 Christian St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DAVID FISHLER

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME SIMON —

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME RACHAEL —

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT Sig Fuchtall

(Address) Greenspring - Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Sinai Mt. Carmel Date 1-21-41, 19

19. UNDERTAKER Moor Feinberg Inc

(Address) 1043 E. Balto St

20. FILED JAN 21 1941 Harry Goldstein Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1940, to Jan. 20, 1941

I last saw h.e alive on Jan. 20, 1941 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 391377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 76641

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 806 N Spring
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Howard Boyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-91

8. AGE: Years	Months	Days	If less than one day
49	7	29	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Boyer
13. Birthplace Md

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location
18 (a) Funeral director Geo. G. Kelso
(b) Address 1303 Pennsylvania
19 (a) JAN 21 1941 (Date received by registrar) (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 19 1941, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 9 1941, to JAN. 19 1941, and that I last saw him alive on JAN. 19 1941.

Immediate cause of death
Gas Bacillus (B. welchii) infection perineum and
Due to abdominal wall.

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gas Bacillus infection abd. wall & perineum
Of autopsy same & pneumonia

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pickrell M. D.
Address Johns Hopkins Date signed 1-19-41

7642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-A Registered No. 7642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 Roberts Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Roberts Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mable F. Jordan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married, but separated

6 (b) Name of husband or wife John Jordan
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1879

8. AGE: Years	Months	Days	If less than one day
61	8	25	hr. min.

9. Birthplace Richmond Co. Virginia
(Town, county, and state)
10. Usual Occupation Home maker
11. Industry or business —

FATHER
12. Name Peter Fitzhugh
13. Birthplace Richmond Co. Virginia

MOTHER
14. Maiden Name Mable Fitzhugh
15. Birthplace Richmond Co. Virginia

16 (a) Informant Georgia Dorsey
(b) Address 415 Roberts Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pleasant Ave

19 JAN 21 1941 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1941, at 2.35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest - Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation — Duration
Due to Hanging.
Due to Mental Derangement
Other Conditions Mitral Insufficiency
(B.W.D. Novelli)
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-19-41
(c) Where did injury occur? 415 Roberts Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Nature of injury Hanging from fixture by rope

23. Signature Howard A. Mc Lean M.D.
Medical Examiner.
Date signed 1-19-41

VS 6

F 76643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V166

F 76643 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HOWARD SPENCER.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1920

8. AGE: Years 70 21 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robt. Spencer
13. Birthplace Va

MOTHER 14. Maiden Name Elizabeth Watkins
15. Birthplace Va

16 (a) Informant Fannie Moore
(b) Address 1509 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. S. Kelson
(b) Address 1302 Pennsylvania Ave

19 (a) Filed JAN 21 1941 (b) Huntington Williams, M.D. Registrar (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941 at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ~ find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
abscess, subdiaphragmatic
Due to Bullet wound of abdomen
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Dec 7, 1940
(c) Where did injury occur? Biggs Ave and Parrish alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury shot with pistol during

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed 1-18-41

VS 6

alteration

76644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 76644

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Colvin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Maggio

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/1905

8. AGE: Years	Months	Days	If less than one day
35	11	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed.
11. Industry or business

FATHER
12. Name Anthony Maggio
13. Birthplace Italy

MOTHER
14. Maiden Name Scalco
15. Birthplace Italy.

16 (a) Informant Mary Maggio
(b) Address 414 Colvin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Albert N Benzon
(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Undertaker

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1941, at 1:02 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940 to Jan 20 1941, and that I last saw him alive on Jan. 20 1941.

	Duration
Immediate cause of death Congestive Heart Failure	2 wks.
Due to Rheumatic Cardio Vascular Disease	1½ yrs.
Due to	
Other Conditions Latent Syphilis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 1-20-41

76645

HEALTH DEPARTMENT—CITY OF BALTIMORE

76645

CERTIFICATE OF DEATH

✓160-a

Registered No. 15-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4hrs.10Min. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Cammarata

If U. S. Veteran specify WAR

(a) Residence: No. 2634 Cold Spring Lane St., Ward. Burial F 21954

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1.20.41

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				4hrs.40min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Samuel Cammarata

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elva May Ringgold

16. BIRTHPLACE (city or town) (State or country) ~~Brooklyn~~, Md.

17. INFORMANT Samuel Cammaratta

(Address) 2634 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 21 19 41

19. UNDERTAKER Albert W Berger

(Address) 440 E North Ave

20. FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.20.41, 19

22. I HEREBY CERTIFY, That I attended deceased from 1.20.41, 19, to 1.20.41, 19

I last saw him alive on 1.20.41, 19. Death is said to have occurred on the date stated above, at 11.10 A.M.

The principal cause of death and related causes of importance were as follows:

Premature Birth complicated by Intra-cerebral hemorrhage

Date of onset 1/20/41

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward L. J. Kokel M. D.

(Address) Bon Secours Hosp

1/20/41

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 76646

F 76646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4206 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 pd 4

3 (a) FULL NAME WILLIAM SMALLWOOD PIRIE, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-05-6235

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Pirie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1873

8. AGE: Years	Months	Days	If less than one day
67	5	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Insurance - Asst. Supt.
11. Industry or business Prudential Ins. Co.

FATHER
12. Name William M. Pirie
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. William S. Pirie
(b) Address 4206 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 JAN 21 1941 Huntington Williams M.D.
(Date received) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1941, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to Jan 18 1941, and that I last saw him alive on Jan 18 1941.

Immediate cause of death	Duration
Coronary Thrombosis with Myocardial Lesion	2 days
Due to Generalized Arteriosclerosis	3 yrs
Due to Chronic Nephritis	5 yrs
Other Conditions Old TBc. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. H. Abbott M. D.
Address 4509 Liberty Heights Ave. Date signed 1-21-41

Huntington Williams M.D.

F 76647 Sven Reitan

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 172

F 76647 Registered No.

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Brooklyn N. Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 First Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sven Reitan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 - 1894

8. AGE: Years 46 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Aardnes Norway. (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER 12. Name Dont Know
13. Birthplace —

MOTHER 14. Maiden Name Dont Know
15. Birthplace —

16 (a) Informant Norwegian Consul
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/41 (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location Baltimore

18 (a) Funeral director John Ellrich
(b) Address 200 E Orleans

19 JAN 21 1941 Huntington Williams M.D. (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19-1941, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull, basal — Duration

Due to

Due to Hemiplegia, complete

Other Conditions Contusions & fractured, Fractures of L. & R. ossa coxae

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-17-1941
(c) Where did injury occur? Sparrows Point - Balto. Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes. ? (Specify type of place)
(e) Means of injury Was struck by falling crane hook, S.S. Santos

23. Signature Howard J. Alexander Medical Examiner M.D.
Date signed 1-20-41

F 76648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76648

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct data is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1410 W. Lanvale St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1410 W. Lanvale St (If rural give location)

16 2

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Samuel Duppins

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-2990

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	Widower

6 (b) Name of husband or wife Nancy V. Duppins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	24	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Laborer (Stevedore)

11. Industry or business Atlantic Transport Co.

FATHER

12. Name Edward Duppins

13. Birthplace Calvert Co. Md.

MOTHER

14. Maiden Name Susan Thomas

15. Birthplace Calvert Co.

16 (a) Informant Paul Duppins

(b) Address 1410 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Westport

18 (a) Funeral director Fe Brooks

(b) Address 1463 N. Carey St

19 (a) Date rec'd by registrar JAN 21 1941 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 18 — 1941, at 5:57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 — 1940, to 1-18 — 1941, and that I last saw him alive on 1-18 — 1941.

Immediate cause of death	Duration
Myocarditis	3 weeks
Due to	
Due to Cerebal hemorrhage	11 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank A. Saunders M.D.

Address 1029 N. Stricker St Date signed 1-18-41

F 76649
391 & 05

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157-MF 76649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Thompson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M. Hammond
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-41

8. AGE: Years | Months | Days 3 1/2 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jacques Hammond
13. Birthplace U-Y-

MOTHER 14. Maiden Name J-Simms Kemp
15. Birthplace Md-

16 (a) Informant Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Name of cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 JAN 21 1941 (Date received by Registrar) Huntington Williams M.D. Registrar
6193

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1941, at 3 46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941 to Jan 18 1941, and that I last saw her alive on Jan 18 1941.

Immediate cause of death: acute intestinal obstruction — Duration

Due to: atresia of colon

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker
Address Baltimore Date signed 1/18/41 M. D.

F 76650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1157-G

F 76650 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Rosebank Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Van Briesen Birth cert # F 19293

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) November 23, 1940

8. AGE: Years	Months	Days	If less than one day
			6 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John K. Van Briesen
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Emeline Brisseinden
15. Birthplace Illinois

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
[illegible] Hospital Clinical School JAN 21 1941
Location Commissioner of [illegible]

18 (a) Funeral director Per H. A. Moore
(b) Address Huntingtown, Maryland

19 JAN 21 1941 (b) 6194
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1940 to Nov. 23 1940, and that I last saw her alive on Nov. 23 1940.

Immediate cause of death	Duration
STRANGULATED HERNIA	
Due to Surgery mastoid disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Hospital Date signed

F 76651

OF 62804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals 4-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 122 Market Place (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlie Chapman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Seperated

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1867

8. AGE: Years	Months	Days	If less than one day
73	5	—	hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Henry (d)

13. Birthplace Indiana

MOTHER

14. Maiden Name Julia Trueblook (d)

15. Birthplace Indiana

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address

19 (a) JAN 21 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

6195

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1941, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17- 1941, to 1-19- 1941, and that I last saw him alive on 1-19- 1941.

Immediate cause of death Cardiac failure

Due to C-S 1st Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Post

Duration
5 min
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Marshall Lee M. D.

Address Balto City Hosp Date signed 1-21-41

F 76652 Cobble

BALTIMORE CITY HEALTH DEPARTMENT 61

CERTIFICATE OF DEATH

F 76652 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Hillsmere Dr. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Cable

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Lacy Cable

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1901

8. AGE: Years 39 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Mathew McRae
13. Birthplace Troy N. C.

MOTHER
14. Maiden Name Mary Reid
15. Birthplace Troy N. C

16 (a) Informant Juanita
(b) Address 502 Rue - 1007 Edmondson Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 22, 1941 (month) (day) (year)
(c) Cemetery or crematory Greensboro, N. C.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 327 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 19 1941, and that I last saw her alive on Jan 14 1941.

Immediate cause of death — Duration

Diabetic Coma — Jan 19

Due to Diabetes mellitus — Jan 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Williams M. D.

Address 803 N Fremont Date signed

F 76653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 76653

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 Dolphin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Raymus Burley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14, 1923

8. AGE: Years	Months	Days	If less than one day
17	1	3	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Ellsworth Burley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Pearl Hammond
15. Birthplace Baltimore Md

16 (a) Informant Pearl Burley
(b) Address 729 Dolphin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) JAN 21 1941 (Registrar) (b) Huntingtown Williams Md (Residence)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941 at 5 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to Jan 16 1941, and that I last saw h[illegible] alive on Jan 16 1941.

Immediate cause of death Uremia Due to Chronic Interstitial Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none performed

Duration
9

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Hughes
Address 1413 Druid Hill Ave Date signed 1-17-41

F 76654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 76654

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 61
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD THOMAS BERG

3 (b) If veteran, name war

3 (c) Social Security Account No 212-03-1760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife HESTER E. BERG
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) MARCH 20, 1880

8. AGE: Years	Months	Days	If less than one day
60	9	29	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business

FATHER
12. Name ALBERT CHARLES BERG
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name MARY CONRY
15. Birthplace BALTIMORE, MD

16 (a) Informant MRS HELEN BOLAND
(b) Address 239 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson and

18 (a) Funeral director Sol Lennin & Bro
Address 1124-26 W. North ave

19 (a) JAN 21 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 19 1941, at 1.55P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 19 1941 to JAN 19 1941, and that I last saw him alive on JAN 19 1941.

Immediate cause of death	Duration
CORONARY THROMBOSIS	1 day
ACUTE PULMONARY EDEMA	
Due to ARTERIOSCLEROTIC C.V. DISEASE	?
Due to	
Other Conditions DIABETES MELLITUS	4 Yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coalahan M. D.
Address 24 A. Fulton Ave Date signed 1/19/41

VS 3

F 76655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76655 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Kenwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rev. Bernard COPPING.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Cora Lyon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1/20/1851

8. AGE: Years 90 | Months --- | Days --- | If less than one day: hr. min.

9. Birthplace: England
(Town, county, and state)

10. Usual Occupation: Minister

11. Industry or business

FATHER
12. Name: Samuel Copping
13. Birthplace: England

MOTHER
14. Maiden Name: Mary Palmer
15. Birthplace: England

16 (a) Informant: Mrs. Betsy L. C. Corner
(b) Address: 104 Merryman Court

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 1/21/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemy.
Location: Frederick Ave. Balto. Md.

18 (a) Funeral director: John O. Mitchell & Sons Inc.
(b) Address: 1900 Eutaw Place

19 (a) Filed JAN 27 1941 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20th 1941, at 5 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31st 1937 to Jan 20th 1941, and that I last saw h[illegible] alive on Jan 19th 1941.

	Duration
Immediate cause of death: Coronary arteriosclerosis	3 yrs.
Due to Arteriosclerotic heart disease	10 yrs.
Due to General arteriosclerosis	15 yrs.
Other Conditions Senility.	15 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None
(Specify type of place)
(e) Means of injury None

23. Signature H. L. Chilpert M.D.
Address 6 & 10 York Rd Date signed Jan 20 '41

F 76656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161-a F 76656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day (Yes)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day (Yes)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Chaptico
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Rosalee Herbert

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1941

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Chaptico, St. Mary's Co., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Howard Herbert
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Morgan
15. Birthplace Md.

16 (a) Informant Mrs. Dolly Morgan
(b) Address Laurel Grove, Md.

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof 1-21-41 (month) (day) (year)
(c) Cemetery or crematory Laurel Grove.
Location St. Marys Co. Md.

18 (a) Funeral director Mrs Dolly Morgan, Grandmother
(b) Address Laurel Grove. Md.

19 (a) (Date rec'd by registrar) (b) Registrar
JAN 21 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941 to Jan 20 1941, and that I last saw h[illegible] alive on Jan 20 1941.

Immediate cause of death: Bilateral congenital atelectasis — Duration: Life

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bilateral congenital atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature. Mary L. Hayleck, M. D.
Address Union Memorial Hosp. Date signed 1/22/41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76657 76657

CERTIFICATE OF DEATH

83-D

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Abraham Kraus 27 11

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Leopold Kraus

14. BIRTHPLACE (city or town) Hungary (State or country)

MOTHER

15. MAIDEN NAME Sophie Hofmann

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Sigmund Feuerlicht (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cem. Date Jan 22 1941

19. UNDERTAKER David Londheim & Son (Address) 1402 Eutaw Place

20. FILED JAN 21 1941 H. Livingston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1940 to Jan 20, 1941

I last saw him alive on Jan 20, 1941 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hemiplegia, cerebral left	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 Hull St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 Hull St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Margaret Helmer

3 (b) If veteran, name war: no
(c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife: Adam Helmer
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 1. 1888

8. AGE: Years	Months	Days	If less than one day
52	3	19	hr. min.

9. Birthplace: Austria (Town, county, and state)
10. Usual Occupation: none - housework
11. Industry or business: own home

FATHER
12. Name: Joseph Frambeck
13. Birthplace: Austria

MOTHER
14. Maiden Name: Margaret Maurer
15. Birthplace: Hungaria

16 (a) Informant: Susan Voit
(b) Address: 2000 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 22 41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md.

18 (a) Funeral director: Margaret G. Flynn
(b) Address: 1422 Light St

19 (a) JAN 21 1941 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 20 1941, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1940 to Jan 20 1941, and that I last saw h alive on Jan 19 1941

Immediate cause of death: Pulmonary Embolism — Duration

Due to: Fracture & dislocation of

Due to: Metastatic bone

Other Conditions: Path visit, on Dec 25 '40

(Include pregnancy within three months of death)

Major findings:
Of operations: as above
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Dec 25, 1940 2 P.M.
(c) Where did injury occur? 1234 Hull St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury: fell down front steps

23. Signature: E. J. Voss M. D.
Address: 76 Cathedral Date signed: 1-21-41

Huntington Williams, M.D. Asst Medical Examiner
H. L. Wollenweber, M.D.

76659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 76659

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Dobbins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Hampton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1915

8. AGE: Years	Months	Days	If less than one day
26 2/3	4	8	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name Rufus Price
13. Birthplace Va

MOTHER
14. Maiden Name Nonla Saunders
15. Birthplace Va

16 (a) Informant mary Moore
(b) Address 1303 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery or crematory Willis, Va
Location

18 (a) Funeral director Geo. G. Delaney
(b) Address 1303 Freestman St

19 JAN 21 1941 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1941, at 11 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bullet wound of abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Main findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 1/18/41
(c) Where did injury occur? 1303 Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury 32 Col pistol-lead bullet

23. Signature H. W. Vandecruft M.D.
Medical Examiner.
Date signed 1/20/41

F 76660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H-B

F 76660 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or Institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John M. Lehepen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Mamie Owens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11 1889

8. AGE: Years	Months	Days	If less than one day
51	4	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Henry Lehepen
13. Birthplace Baltimore

MOTHER
14. Maiden Name Laura Bamburger
15. Birthplace Baltimore

16 (a) Informant Son
(b) Address 1119 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1501 N. Broadway

19 (a) (Signature and title) (b) Registrar

JAN 21 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28/40 to 1/20/41 and that I last saw h alive on 1/20/41.

Immediate cause of death	Duration
Respiratory Failure	Intermittent
Due to Cachexia	3 mos
Due to Carcinoma of Stomach	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 1-20

F 76661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F 76661

Registered No. F 76661

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimare
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2874 Kentucky Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Taymans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-1929

8. AGE: Years	Months	Days	If less than one day
11	4		hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm T Taymans
13. Birthplace Philadelphia

MOTHER
14. Maiden Name Mildred Taymans
15. Birthplace Balto

16 (a) Informant Wm T Taymans
(b) Address 2874 Kentucky ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto

18 (a) Funeral director Jas J Stern Son
(b) Address 3001 Kentucky Ave

19 (a) (Signature of registrar) (b) Registrar

JAN 21 1941 Huntington [illegible], MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1941, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1940 to Jan. 18 1941, and that I last saw her alive on Jan. 18 1941.

Immediate cause of death: Bronchopneumonia

Due to: Paratyphoid B

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Graham

Address University Hosp Date signed 1-18-41 (M. D.)

16 76662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E 76662 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 639 W Barry st. (If rural give location)
(e) If foreign born, how long in U. S. A.? Born years

3 (a) FULL NAME EMANUEL LOVE OR MANUEL LOVE

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15 1865

8. AGE: Years	Months	Days	If less than one day hr	min.
55	1	4		

9. Birthplace Charles Co Maryland (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business At Pier 2 Light Street

FATHER
12. Name James Henry Love
13. Birthplace Charles Co Maryland

MOTHER
14. Maiden Name Jane
15. Birthplace Charles Co Maryland

16 (a) Informant Mrs Sarah Miller
(b) Address 639 W Barre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 23 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City Maryland

18 (a) Funeral director Joseph A. Lecky
(b) Address 640 W Barre Street

19 (a) JAN 21 1941 (Date rec'd by Registrar) (b) Registrar
Hunting for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 5 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	Over
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 1-20-41

over

F 76663

F 76663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Aliceanna street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Aliceanna Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Cleopatra Alexandris

3 (b) If veteran, name war: ----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of wife Vassilious Alexandris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Scottland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Karajianis
13. Birthplace Unknown

MOTHER
14. Maiden Name Irene ?
15. Birthplace Unknown

16 (a) Informant Vassilious Alexandris
(b) Address 1809 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 JAN 21 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1941, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Jan 19 1941. And that I last saw her alive on Jan 19 1941.

Immediate cause of death: acute Myocarditis — Duration: 21 days

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverstein M.D.
Address 27 S. Broadway Date signed Jan 20 1941

F 76664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

F 76664 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 Aliceanna Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Aliceanna Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Harry Willis Phebus

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5694

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband ~~XXXX~~ Eva Phebus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Maryland ? (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Lever Bros Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Eva Phebus
(b) Address 1902 Aliceanna Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director George A Weber
(b) Address 705 South Ann Street

19 (a) JAN 21 1941 (Date received by Registrar) (b) Registrar

Harrington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20th 1941, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940 to Jan 20 1941, and that I last saw ~~him~~ her alive on Jan 20 1941.

Immediate cause of death
Cardio-Vascular Shock
Due to Carcinoma of Lung
Due to Metastasis from liver ?

Duration
Sudden
6 mo
?

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Langdon M. D.
Address 700 E Fratt St Date signed 1-20-41

F 76665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No.

F 76665

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo16da
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Fait Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Leo Stahanski

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marseile Kawa
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Apr. 28, 1895

8. AGE: Years	Months	Days	If less than one day
45	8	22	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Julius Stahanski
13. Birthplace Poland

MOTHER
14. Maiden Name Helen
15. Birthplace Poland

16 (a) Informant Records U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS.
Location Baltimore Md.

18 (a) Funeral director George A Weber
(b) Address 705 S Ann St

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 21 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1941, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1940, to Jan. 20 1941, and that I last saw him alive on Jan. 20, 1941.

Immediate cause of death Cirrhosis of liver, atrophic — Duration Unknown

Due to over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Paracentesis

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature [signature]
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 1/21/41 M. D.

F 76666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 76666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Lamon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** JAMES HENRY YOUNG

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Cora Young
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Jan. 9, 1890
8. AGE: Years 51 | Months | Days 11 | If less than one day: hr. min.
9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation laborer (unemployed)
11. Industry or business cement

FATHER
12. Name unknown
13. Birthplace Georgia

MOTHER
14. Maiden Name Cora Battles
15. Birthplace Georgia

16 (a) Informant Cora Young
(b) Address 1812 Lamon St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-23-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Parumall co.

18 (a) Funeral director Adolphus Valentine
(b) Address 918 D road / Gth ave.

JAN 21 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to Hypertensive cardiovascular Renal disease	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. L. Wollenweber M.D. (Medical Examiner.)
Date signed 1-21-41

VS 6

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76667

390377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 76667

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State CONN (b) County
(c) City or town GREENWICH
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hillside Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius Pollack Carter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) Sept. 22. 1876

8. AGE: Years	Months	Days	If less than one day
64	3	29	hr. min.

9. Birthplace Ky (Town, county, and state)
10. Usual Occupation Executive
11. Industry or business

FATHER
12. Name Richard Carter
13. Birthplace W Va

MOTHER
14. Maiden Name Catherine Smith
15. Birthplace Ky

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 '41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave

18 (a) Funeral director John Oursler Funeral Home
(b) Address 1900 Eutaw Place

19 (a) JAN 21 1941 (b) Huntington Williams M.D.
(Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 21 1941, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1940 to JAN 21 1941, and that I last saw him alive on JAN 21 1941.

Immediate cause of death	Duration
(a) Cerebral hemorrhage	12 hrs
Due to Blood dyscrasia	25 days ?
Due to Cirrhosis, liver	?
Chronic alcoholism, history	
Other Conditions Hemiplegia, rt.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hernia, inguinal right
Of autopsy Part Cirrhosis, liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Lemmon M. D.
Address Johns Hopkins Hospital Date signed 1/24/41

VS 3

F 76668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-5

F 76668

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SUSANNA WIGGINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1933

8. AGE: Years	Months	Days	If less than one day
8		8	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Roger Wiggins
13. Birthplace Southampton Va

MOTHER
14. Maiden Name Sadie Hines
15. Birthplace Southampton Va

16 (a) Informant Sadie Wiggins (M)
(b) Address 109 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Charles D. Cooper
(b) Address 504 N. Calhoun St.

19 JAN 21 1941 (b) Huntington Williams M.D.
(Registered by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1941, at 6 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Tuberculosis, acute pneumonic — Duration: 1 week

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst. Medical Examiner.

Date signed 1-19-41

F 76669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E ✓ Registered No. F 76669

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DHS MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 N Parkside (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Coates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wd

6 (b) Name of husband or wife 1871

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 21 1941 Huntington Williams, M.D. Registrar 6137

(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-41 19 , at 2:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Lympho sarcoma — Duration

Due to over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsey M.D. Medical Examiner.

Date signed 1-11-41

2F 76670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a

E 76670 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Brest. Gen-Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Churchhill St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harper H. Sheris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
50			hr. min

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Local JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JAN 21 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6199

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1941, at 8:40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Cardio - Renal Disease	
Due to	
Due to Chronic Interstitial Nephritis	

Other Conditions Hypertensive Vascular - Disease Enlarged - Congested Liver (Hypertrophic Cirrhosis)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moore M.D.
Medical Examiner.
Date signed 1-11-41

(over)

76671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114-B

Registered No. E 76671

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 So Albemarle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 21 1941 (Date rec'd by registrar) (b) Registrar Huntington Williams 8195

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1941, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Lung abscess, at lower — Duration: Late
Emphysema, at chest

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Medical Examiner. M.D.

Date signed 1/13/41

The 76672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 26672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 N. Carolina st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N. Carolina st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Addison Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col	Unknown

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 65			hr. min

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant Otis Holt
(b) Address 1125 N Carolina st

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 21 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore.

19 (a) JAN 21 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

6198

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1941, at 2 15 m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Mitral Stenosis — Duration

Due to —

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wade Hazlett M.D.
Medical Examiner.
Date signed 1/13/41

76673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. E 76673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Revere Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24½
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Watson Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 165-03-5554

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Imadalon L Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-1902

8. AGE: Years 39 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Salt
11. Industry or business Atlantic Products Co.

FATHER
12. Name James Watson
13. Birthplace Pa.

MOTHER
14. Maiden Name Theresa Hoffman
15. Birthplace Pa

16 (a) Informant Imadalie Watson
(b) Address 345 Hanover St Apt 1 Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (1-23-41)
(c) Cemetery or crematory Holy Sepulchre
Location Phila. Pa.

18 (a) Funeral director Leonard Flack
(b) Address 5305 Hanford Rd

19 (a) Date received (b) Registrar Huntington Williams M.D.
JAN 21 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20- 1941, at 4:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest, Autopsy and find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Shock — Duration

Due to Crushing injury of chest

Due to

Other Conditions Haemothorax
Lacerations. Fractured ribs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 18-1941
(c) Where did injury occur? Hawkins Point Rd - A.A. Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Motor Car Accident - struck a pole

23. Signature Howard J. Bowden M.D.
Medical Examiner.
Date signed 1-20-41

76674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-B Registered No. F 76674

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGINS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Eierman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LLOYD SYLVESTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-6891

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 9-1922

8. AGE: Years	Months	Days	If less than one day
18	5	11	hr. min.

9. Birthplace M.D. (Town, county, and state)

10. Usual Occupation CHAUFFUER

11. Industry or business GREEN SPRING DAIRY

FATHER
12. Name LLOYD SYLVESTER
13. Birthplace M.D.

MOTHER
14. Maiden Name LENORA M McKENNY
15. Birthplace M.D.

16 (a) Informant LLOYD SYLVESTER
(b) Address 514 BLAIR RD.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 23-41 (month) (day) (year)

(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J. Rock
(b) Address 6365 Harford Rd.

19 JAN 21 1941 (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 11-30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions Fracture of upper maxilla and left tibia (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 20, 1941 5-9
(c) Where did injury occur? In front of 32.02 Harford Blvd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury auto truck struck street car

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 1-20-41

VS 6

E 76675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. E 76675

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct a mistake, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Timonium
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. ELLA BEARES GUYTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ISAIAH GUYTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 25, 1873

8. AGE: Years	Months	Days	If less than one day
67	0	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Upton Bearse
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Bond
15. Birthplace Maryland

16 (a) Informant Mr. Isaiah Guyton
(b) Address Timonium, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Maryland

18 (a) Funeral director C. E. Arthur
(b) Address Fork, Maryland

19 (a) 1941 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 21, 1941, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 2, 1941 to JAN. 21, 1941, and that I last saw HER alive on JAN. 21, 1941.

Immediate cause of death Cardiovascular collapse — Duration

Due to ACUTE DILATATION OF THE STOMACH

Due to MILD POST-OPERATIVE PERITONITIS

Other Conditions GENERALIZED ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE
(Include pregnancy within 3 months of death)

Major findings:
Of operations CHRONIC CHOLACYSTITIS WITH CHOLELITHIASIS & OBSTRUCTION COMMON DUCT
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 1-21-41 M. D.

391858
76676 Endorsed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct "—" is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~JOHNS HOPKINS HOSPITAL~~
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil.
(c) City or town Howardville (If outside city or town limits, write RURAL and give town)
(d) Street No. Melionee Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J. Gamber

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 12/7/1898

8. AGE: Years: 42 | Months: 1 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles Humpale
13. Birthplace: Md.

MOTHER
14. Maiden Name: Henrietta King
15. Birthplace: Md.

16 (a) Informant: Recardo.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory: Providence Cem.,
Location: Gamber, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Avenues.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 20 1941, at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941 to Jan 20 1941 and that I last saw h alive on Jan 20 1941.

Immediate cause of death: Medulloblastoma, left parietal, late — Duration: Dec 2, 1940 to Jan 20, 1941

Due to

Due to

Other Conditions: Pregnancy (3 mos)

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Inoperable brain tumor (Dec 1940)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M. D.
Address: Johns Hopkins Date signed

FD 37422

76677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 76677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr.3mo. 25das.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 Light St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Barlow

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or divorced. Divorced

6 (b) Name of husband or wife Unk.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-1863

8. AGE: Years 77 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace R.I. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph S. Barlow

13. Birthplace Rhode Island

MOTHER 14. Maiden Name Mary Lane

15. Birthplace North Carolina

16 (a) Informant E.W.H. Reeves and

(b) Address Ralph Dudley Trust Bldg Richmond Va

17 (a) Burial Richmond (b) Date thereof 1-21-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Location Richmond Va

18 (a) Funeral director Hoge & Tyler & Sons

(b) Address Main & Pa Ave

19 (a) JAN 21 1941 Huntington Williams Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26-1935 to 1-21-1941, and that I last saw him alive on 1-21-1941.

Immediate cause of death: Cardiac Failure — Cause of the condition

Due to: Hypertensive CVD

Due to: Gen. A-S.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McCaughan Ker M. D.

Address Old City Hosp Date signed 1-21-41

VS 3

Hennig's
76678

HEALTH DEPARTMENT—CITY OF BALTIMORE

76678

CERTIFICATE OF DEATH

107

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2941 Mosher St. 6th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Stella Weikel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2941 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Peter Weikel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Scherer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Weikel
(Address) 2907 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 24 1941

19. UNDERTAKER Harry H. Armistead
(Address) 4204 Ridgewood Ave.

DATE JAN 21 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1941

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1940 to 1/21 1941

I last saw her alive on 1/21 1941 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - 12/20/40	
Other contributory causes of importance:	
Generalized arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harold A. Gott M. D.

(Address) W. B. G. H.

V8 3

76679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W F 76679 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3919 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~3919~~ 3911 Ridgewood Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT EDWARD SULLIVAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 4V6NC

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gertrude S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1899

8. AGE: Years 41 | Months 4 | Days 27 | If less than one day: hr. 16 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Court Stenographer

11. Industry or business Superior Court #2

FATHER
12. Name Alfred Edward Sullivan
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Katherine S. Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Marcelle S. Elliott
(b) Address 2606 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location

18 (a) Funeral director Armacost Funeral Home
(b) Address 4204 Ridgewood Ave.

19 JAN 21 1941 Huntington Williams, M.D.
(If buried by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 5 45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed 1-24-41

VS 6

F 76680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

Registered No. F 76680

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Woodbrook (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Walter W. Abell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary Jane Forter Abell
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1872

8. AGE: Years	Months	Days	If less than one day
68	10	22	hr. ____ min.

9. Birthplace Baltimore County, Maryland (Town, county, and state)
10. Usual Occupation Business Man
11. Industry or business

FATHER
12. Name Edward F. Abell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Curley
15. Birthplace Baltimore

16 (a) Informant E. F. A. Jr., son
(b) Address Glyndon, Md

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Jan 22/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver St. Balto.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 JAN 21 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934, to Jan 20th 1941, and that I last saw h[illegible] alive on Jan 18th 1941.

Immediate cause of death: Carcinoma of the Bladder with Metastases

Duration: 1935 to 1941 over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Diagnosis confirmed by Autopsy July 24th 1940
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Wm. M. Debrey M. D.
Address Easton, Maryland Date signed Jan 20th 1941

VS 3

F 76681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 76681

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Elsinor Av
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltstcity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 2604 Elsinor Av (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John Clarence Bowerman

3 (b) If veteran, name war none

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary A Bowerman

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 29 1868

8. AGE: Years 72 | Months 6 | Days 22 | If less than one day: 20 hr. min.

9. Birthplace Relay - Baltimore Co. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business none

FATHER
12. Name Henry Bowerman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Bevan
15. Birthplace Balto Md

16 (a) Informant Mrs Mary A Bowerman (wife)
(b) Address 2604 Elsinor Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 22-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Sherwood Monroe Co.
(b) Address 108 W Monument

19 (a) JAN 21 1941 **(b)** Filed [illegible] Huntington Willis Register, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19/41 19 , at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940 to Jan 19 1941, and that I last saw h in alive on Jan 19 1941.

Immediate cause of death. Carcinoma of prostate gland. — Duration about 1 yr.
Due to
Due to
Other Conditions Carcinoma of prostate gland (Include pregnancy within 3 months of death) — about 1 yr.
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Walter Tibbett M. D.
Address 2220 Garrison Blvd Date signed 1/21/41

VS 3

76682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76682 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 N Hilton St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 N Hilton St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

15 6

3 (a) FULL NAME Francis Rochester Diggs

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1865

8. AGE: Years 75 | Months 4 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Eastern Transportation Co

FATHER
12. Name Samuel J. Diggs
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Frances Rochester
15. Birthplace Md

16 (a) Informant Mrs Elizabeth E Way
(b) Address 2000 N Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greene Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar) JAN 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1941, at 3, a, M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to Jan 21 1941, and that I last saw h alive on Jan 20 1941.

	Duration
Immediate cause of death Complications of Pneumonia, Arteriosclerosis Cerebral Palsy, Diabetes	
Due to Myocardial degeneration with gradual blood failure	
Due to Bronchial pneumonia, respiratory failure	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Stanley Cole M. D.
Address Towson Rt 6, Md Date signed 1/24/41

76683 Lewis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D E 76683 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Chestertown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-2677

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Chestertown Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canning Factory

FATHER
12. Name Daniel Lewis
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Schoud
15. Birthplace Md.

16 (a) Informant Fannie W. Kendall
(b) Address 4929 Wilsby Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Chestertown Town Cem
Location Chestertown, Md.

18 (a) Funeral director Marvin Williams
(b) Address Chestertown, Md.

19 JAN 21 1941 (Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1941, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941, to 1-21 1941, and that I last saw him alive on 1-21 1941.

Immediate cause of death	Duration
a Gangrene Cardiovascular Embolism	
Due to Congestive Heart Failure	
Due to Arteriosclerotic, Hypertensive C-V. disease	
Other Conditions Gangrene left leg	3 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene left leg with thigh amputation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Litsch M. D.
Address University Hospital Date signed 1-21-41

F 76684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-a

F 76684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 Gwyns Falls Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 Gwyns Falls Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Simon Baer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6968

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
61 60			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Benjamin Baer
13. Birthplace Russia

MOTHER
14. Maiden Name Ella ?
15. Birthplace Russia

16 (a) Informant Aaron Baer
(b) Address 3333 Gwyns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 19 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North ave

19 (a) JAN 22 1941 (Date received by local registrar) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1941, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to Jan 20 1941, and that I last saw him alive on Jan 20 1941.

Immediate cause of death Coronary thrombosis
Coronary Heart disease

Duration 1 day 2 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Lazin, M. D.
Address 4018 Reisterstown Rd Date signed Jan 20/41

F 76685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M Registered No.

F 76685

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Callow Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Manuel Bachman

3 (b) If veteran, name war —
3 (c) Social Security Account No. ~~none~~ [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 187?

8. AGE: Years	Months	Days	If less than one day
68	1	6	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Painter

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Chs Bachman
(b) Address 2117 Callow ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/41 (Month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124 1126 W North Ave

19 (a) [illegible] (Date rec'd by registrar) Huntingtown/Williams, MD

JAN 23 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21, 1941, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940. to Jan 21, 1941. and that I last saw him alive on Jan 21, 1941.

Immediate cause of death Carcinoma of G. I. tract with metastases to liver ?

Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy, M.D.
Address 2524 Eutaw Place Date signed 1/24/41

F 76686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 76686

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID DOWLEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
43			hr. min

9. Birthplace MD (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Rosie Dowley Common Law Wife
(b) Address 146 Eutaw st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22nd 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brookland

18 (a) Funeral director Edroy O Wilson
(b) Address 1000 Braintley av

JAN 22 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D.
Exe

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 10 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to ~~[illegible]~~ Status epilepticus	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmaker M.D. Medical Examiner.

Date signed 1-21-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76687 76687

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Orleans St. 6-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Floyd Bowser nee Stolas U. S. Veteran specify WAR .....

(a) Residence: No. 1602 Orleans St. Ward. SS 213-09-0755
(Usual place of abode) Balto, md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colour	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SOCIAL SECURITY # 213-09-755

6. DATE OF BIRTH (month, day, year) Feb 18 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	11 mos.	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrow Pt.

10. Date deceased last worked at this occupation (month and year) Jan 10 41

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Newport News, Va

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ruby Harris (Address) 1602 Orleans

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 1/23 1941

19. UNDERTAKER Elroy A Wilson (Address) 1000 Brantley Ave

20. FILED 1-23-41 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1941 to Jan 19 1941

Last saw h.. alive on Jan 19 1941 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 14 41
Other contributory causes of importance: La Grippe	Jan 10 41

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard Ewing M. D.

(Address) 1514 E. Baltimore St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 2—WRITE PLAINLY, WITH INK AND IN THIS FORM. DO NOT FOLD. DO NOT USE PENCIL.

76688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76688
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 William St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME AGNES OTTERBEIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widowed

6 (b) Name of husband or ~~wife~~ Williams
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1861

8. AGE: Years	Months	Days	If less than one day
79	1	2	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business own home

FATHER
12. Name George Sherman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Anna Bowers
(b) Address 1739 W. Lombard St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Loudenslager
Location Baltimore Md

18 (a) Funeral director Wilson Bros
(b) Address 1217 E. Fayette

JAN 22 1941 (Date received by registrar) (Huntington Ave. Methodist)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1941, at 1 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Diabetes mellitus	6 mos.
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations amputation of leg 6 mos ago.
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-21-41

76689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76689 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeremiah A. Klinefelter

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
NO	216-16-5077	Male	White	Married

6 (b) Name of ~~husband~~ or wife Mary E. Klinefelter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8th 1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	1	12		

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business City of Balto

FATHER
12. Name Jeremiah Klinefelter
13. Birthplace Pa.

MOTHER
14. Maiden Name Jennie Anderson
15. Birthplace Balto - Md.

16 (a) Informant Mary E. Klinefelter
(b) Address 2604 E. Chase St

17 (a) Burial (b) Date thereof 1/23/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moorland Park
Location Parkville Md

18 (a) Funeral director Wm Cook
(b) Address 147 St. Paul St

19 JAN 22 1941 Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20th 1941, 9:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 19 40 to 1/20 19 41, and that I last saw h im alive on 1/20 19 41.

Immediate cause of death Arteriosclerotic CV. disease — Duration
Cardiac Failure
Due to Bronchial Asthma
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which birth should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas O. Marek M. D.
Address 801 N. Eutaw Ave Date signed 1/21/41

F 76690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A

F 76690

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 S. Lehigh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Louis Pritchard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-1282

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Marie Pritchard

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug 7. 1894

8. AGE: Years 46 | Months 5 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Can worker

11. Industry or business

FATHER
12. Name Calvert Pritchard
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Elizabeth McKeman
15. Birthplace Baltimore

16 (a) Informant Mrs Marie Pritchard
(b) Address 617 S Lehigh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director John Ulrich
(b) Address 2200 E Chase St.

19 (a) JAN 22 1941 (Date rec'd by registrar) (b) Registered by Waiting for Will

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1941, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1940, to Jan 20 1941, and that I last saw him alive on Jan 20 1941.

	Duration
Immediate cause of death	
Chr Interstitial Nephritis	1938
Due to Myocard Failure	Dec 28 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schmunk M. D.
Address 842 S. Eaton Date signed

F 76691

F 76691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Darby St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Darby St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christ Anna Wheat

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Benjamin F. Wheat
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1878

8. AGE: Years	Months	Days	If less than one day
63	—	18	hr. min.

9. Birthplace maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Williams.
13. Birthplace md.

MOTHER
14. Maiden Name Mary F. ?
15. Birthplace England.

16 (a) Informant Benjamin F. Wheat
(b) Address 3018 Darby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Carroll Co. md.

18 (a) Funeral director Thenwood & Donovan
(b) Address 3615-17 Liberty Ave Baltimore, Md

19 (a) Filed by (Registrar) JAN 22 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20, 1941, at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 20 1941, and that I last saw h[illegible] alive on Jan 20 1941.

Immediate cause of death: Cerebral Hemorrage — Diabetes Coma — Duration 3 da.

Due to: Hypertensive Cardiovascular Renal

Due to: with Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shumaker M. D.
Address 3711 Tally Rd Date signed 1-21-41

F 76692 FD 60376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76692 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.26dys.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Aliceanna St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Bessinger or Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife August
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-1868

8. AGE: Years	Months	Days	If less than one day
72	6	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Horner
13. Birthplace Md.

MOTHER
14. Maiden Name Lottie Horner (Maiden name)
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 22 '41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem.
Location O'Donnell St.

18 (a) Funeral director M. W. F. Dippel
(b) Address Lombard & Ann Sts.

19 JAN 22 1941 Huntington Williams, M.D. (Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21- 1941, at 1 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25- 1940, to 1-21- 1941, and that I last saw h[illegible] alive on 1-21- 1941.

Immediate cause of death
Uremia — Duration 2 days.
Due to Gen. A-5. — ?
Due to
Other Conditions Hydronephrosis, gall bladder
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Gen. A-5. — 120 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-24-41

F 76693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. F 76693

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs. mos. days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Sarah Kessler

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife David
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Frank Cohen
(b) Address 3707 Fairmanda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery or crematory Ind Sadie
Location Philp Rd

18 (a) Funeral director Park Lawn Inc
(b) Address 1439 E. Baltimore St

JAN 22 1941 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1941 to 1/21 1941, and that I last saw h[illegible] alive on 1/21 1941

Immediate cause of death Pulmonary edema.

Due to Coronary occlusion?

Due to coronary sclerosis?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Hecht M. D.

Address Date signed

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

76694

CERTIFICATE OF DEATH

V 77-D F 76694

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E. Fort Ave. St., 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew John Byrnes Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 609 E. Fort Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27th 1902.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy Yard

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew J. Byrnes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Briget Tiernan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Martin Byrnes.
(Address) 1448 Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 23rd 1941

19. UNDERTAKER Charles F. Dill.
(Address) 1501 E. Fort Ave

20. FILED JAN 22 1941 [illegible] Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1941, to Jan. 20, 1941

I last saw him alive on Jan. 18, 1941. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Alcoholism	Jan 20
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify .....

(Signed) A. E. Gallod M. D.

(Address) 707 E. Fort Ave.

A. E. Wallenwein, Asst. Medical Examiner

VS 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

76695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Potomac St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA M. SCHMEIZE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Joseph Schmeize
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.): Oct 3, 1889
8. AGE: Years 51 | Months 3 | Days 17 | If less than one day: hr. min.
9. Birthplace: Martinsburg, W. Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: James Moran
13. Birthplace: Unknown.

MOTHER
14. Maiden Name: Catherine McCabe
15. Birthplace: Unknown.

16 (a) Informant: Joseph Schmeize
(b) Address: 113 S. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1941 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Frederick Road

18 (a) Funeral director: S. Walter May
(b) Address: 619 N. Bouldin St.

1941 (Date rec'd by registrar) (Number of burial permit) Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 5:50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular disease.
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 1-21-41

F 76696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-A

Registered No. F 76696

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 680 Josephine Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Woolford

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1871

8. AGE: Years	Months	Days	If less than one day
69	6	12	hr. min.

9. Birthplace Frankford, Del. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name George Woolford
13. Birthplace Frankford, Del.

MOTHER 14. Maiden Name Hester Lockwood
15. Birthplace Frankford, Del

16 (a) Informant Mrs. Mary Nelson
(b) Address Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George Helgel
(b) Address 1631 Druid Hill Ave.

19 (a) Date received by local registrar JAN 22 1941 Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1941, at 7 A.M. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Perforating ulcer of Stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 1-20-41

VS 6

F 76697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 47-C

F 76697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Penn. Hosp —
(c) Hospital or institution: " "
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Stonesifer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1916

8. AGE: Years	Months	Days	If less than one day
24	0	29	hr. min.

9. Birthplace Hanover Penna York Co
(Town, county, and state)
10. Usual Occupation housekeeper
11. Industry or business —

FATHER
12. Name Robert W. Stonesifer
13. Birthplace Hanover Penna

MOTHER
14. Maiden Name Edith Frostle
15. Birthplace Hanover Penna

16 (a) Informant Robert W. Stonesifer
(b) Address 30 Centennial Ave Hanover

17 (a) Burial (b) Date thereof Jan 25, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Hanover Penna York Co.

18 (a) Funeral director J. J. Kerrigan
(b) Address 256 Main St Mt Sherman Pa.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1941, at 11 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1941, to Jan 21 1941, and that I last saw him alive on Jan 21 1941.

Immediate cause of death
Bronhogenic Carcinoma
Cerebral metastases

Duration: Oct, 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy of Cervical gland - Condition
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas Glennon M. D.
Address Penn Hosp Date signed 1/21/41

F 76698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 76698 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ESTHER KEENE ~~E~~ KEENE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan 15, 1924
8. AGE: Years 17 | Months | Days 5 | If less than one day hr. min.
9. Birthplace Maryland - Baltimore (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Housework

FATHER
12. Name Samuel Brey
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Arella Keene
15. Birthplace Baltimore Md

16 (a) Informant: father Arella Brey
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Meadeville, Md
Location Eastern Shore
18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Poplar Hill Ave
19 (a) JAN 22 1941 (Date rec'd by registrar) (b) Huntington Wallace, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 6 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence January 20, 1941
(c) Where did injury occur? 815 W Saratoga St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury bullet shot during struggle

23. Signature H. L. Wallace M.D. Acting Medical Examiner.
Date signed 1-21-41

VS 6

F 76699 2nd ed

F 76699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1146-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3456 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Travers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1920

8. AGE: Years	Months	Days	If less than one day
20	2	3 2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Nicholas Travers
13. Birthplace Va.

MOTHER
14. Maiden Name Maud west
15. Birthplace Va.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24, 1941. (month) (day) (year)
(c) Cemetery or crematory Ivy Hill Cemetery
Location Laurel, Md.

18 (a) Funeral director W. C. White Co.
(b) Address Laurel Md.

JAN 22 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at 6.02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1941, to Jan. 21 1941, and that I last saw her alive on Jan. 21 1941.

Immediate cause of death: Postpartum hemorrhage — Duration 1 hr 40 min

Due to: Adherent placenta — Uterine atony

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 1/22/41

VS 2

F 76780 HENLIEN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B F 26200 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fontaine & Fremont Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 S. Caroline St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henlein

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-09-7085

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1899

8. AGE: Years 41 | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Henlein
13. Birthplace Redline Pa.

MOTHER
14. Maiden Name Laura Ruff
15. Birthplace Germany

16 (a) Informant Mrs. Frederick Woodrich
(b) Address 843 Woodward St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/41 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Cem.
Location Caroline Ave.

18 (a) Funeral director Fred. A. Ramsey Son
(b) Address 1216 St. Charles St.

JAN 22 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-41 19..., to 1-21-1941, and that I last saw him alive on 1-21 1941.

Immediate cause of death: Shock — Duration: 15 days

Due to: Dehydration and infection + obstruction.

Due to: Perforated duodenal ulcer and peritonitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated duodenal ulcer.
Of autopsy duodenal obstruction

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Macaulay M. D.
Address University Hosp. Date signed 1-21-41

VS 3

Prob. Herbert Stevenson

76701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76701

Registered No. 170-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED COLORED MALE - SHORTY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 35 | Months | Days | If less than one day hr. min.

9. Birthplace — (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name —
13. Birthplace

MOTHER 14. Maiden Name —
15. Birthplace

16 (a) Informant —
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn a. a. co Md.

18 (a) Funeral director Byron Francis & Wright
(b) Address 1218 McElderry St

19 JAN 22 1941 (Date received by Local Registrar) (b) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1941, at 7.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to —

Due to —

Other Conditions no (Includes pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence in front of 2231 Druid Hill Ave
(c) Where did injury occur? Jan 17th, 1941 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by truck

23. Signature H. Z. Wollenweber M.D.
City Medical Examiner.
Date signed 1-18-41

VS 6

F 76702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76702 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3634 Old York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 ½ Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3634 Old York Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 17 Yrs. years

3 (a) FULL NAME ~~De Savitch~~ Eugenia De Savich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Constantine de Savich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, ~~1906~~ 1852

8. AGE: Years ~~55~~ 59 | Months -- | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business

FATHER
12. Name: Nicolas Jersey
13. Birthplace: Russia

MOTHER
14. Maiden Name: ?
15. Birthplace: Russia

16 (a) Informant: David Harker
(b) Address: 3624 Old York Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/22/41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Fred. Ave. Balto. Md.

18 (a) Funeral director: John O. Mitchell Funeral Home Inc.
(b) Address: 1900 Eutaw Place

19 (a) Filed JAN 22 1941 (Registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21st 1941, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940, to Jan 21st 1941, and that I last saw her alive on Jan 20 1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 hours.
Due to: cerebral arteriosclerosis	10 yrs.
Due to: Hypertension.	10 yrs.
Due to: —	
Other Conditions: Operative wound R. maxilla, gum line.	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hypertrophied gum tissue, right maxilla.
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence: None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None (Specify type of place)
(e) Means of injury: None

23. Signature: A. S. Chaffee M. D.
Address: 9 York Rd Date signed: Jan 21 1941

F 76703

BALTIMORE CITY HEALTH DEPARTMENT 13-B

CERTIFICATE OF DEATH

F 76703 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 N. Collington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Berniece Goetz (627.3)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1920

8. AGE: Years	Months	Days	If less than one day
20	3	30 29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Goetz
13. Birthplace Balto.

MOTHER
14. Maiden Name Nellie Johnson
15. Birthplace Balto.

16 (a) Informant William Goetz
(b) Address 833 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard F. Rudt
(b) Address 5306 Harford Rd

19 (a) (b) Huntington Williams, M.D.
(Deputy Registrar)

JAN 22 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1941, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1941, to Jan. 20, 1941, and that I last saw her alive on Jan. 20, 1941.

Immediate cause of death: Pulmonary tuberculosis. — Duration: 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 1-20-41

76704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 76704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Shields Place
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bettie Hopson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Geo Hopson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 1883

8. AGE: Years 58 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace Prospect Va (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name

13. Birthplace unknown

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Allen Watts

(b) Address 921 Shields Pla.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) JAN 22 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1941 at 6.53 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941 to Jan 19 1941, and that I last saw h[illegible] alive on Jan 19 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address 736 Cathedral Date signed Jan 21 1941

11686-FD

F 76705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 76705

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12yr.das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Hillen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife unk.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-1861

8. AGE: Years	Months	Days	If less than one day
79	11	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation store work
11. Industry or business

FATHER
12. Name Wm. M. Young
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Milton
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Med School
Location [redacted] JAN 22 1941
Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address
19 (a) JAN 22 1941 (Date rec'd by registrar) (b) H. Huntington Williams M.D. Registrar

62052

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1940, to 1-15 1941, and that I last saw h[illegible] alive on 1/15 1941.

	Duration
Immediate cause of death: Intertrochanteric fracture left hip	4 wks
Due to: Terminal bronchopneumonia	2 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/18/40
(c) Where did injury occur? Baltimore (City or town) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? B.C.H. infirmary (Specify type of place) While at work? no
(e) Means of injury fall down stairs

23. Signature Sidney R. Gilbert Jr.
Address Baltimore City Hosp. Date signed 1/16/41

VS 3

76706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 76706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Hanover street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Arlington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1873

8. AGE: Years	Months	Days	If less than one day
67		24	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William
13. Birthplace ?

MOTHER
14. Maiden Name Nancy Undem ?
15. Birthplace N. C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JAN 22 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JAN 22 1941 (Date rec'd by Registrar) Huntington Nelligan, M.D. Registrar

5203

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19- 1941, at 2 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18- 1938, to 1-19- 1941, and that I last saw h[illegible] alive on 1-19- 1941.

Immediate cause of death

Duration

Due to C-5. Hx Dx: Bronchial asthma — ? ? ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 1-22-41 M. D.

F 76707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 76707 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 Hillsdale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Somerville

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0081

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife M. Elizabeth Mullen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3 - 1865

8. AGE: Years 75 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Mt. Savage, Maryland (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Simpson's Dollar Co.

FATHER
12. Name John Somerville
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Kerr
15. Birthplace Maryland

16 (a) Informant Miss Frances Mullen
(b) Address 1228 Union Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore County, Md.

18 (a) Funeral director Horace F. Bilgrey
(b) Address 2631 Falls Road

19 (a) JAN 22 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1941 at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of L. femur
Arteriosclerotic atrophy of brain
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/11/41 12-8
(c) Where did injury occur? 1237 Hillsdale Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell to floor

23. Signature Wm. Vandersyde M.D.
Medical Examiner.
Date signed 1/22/41

VS 6

F 76708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 76708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4305 Glenarm Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FELICIA BROCATO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30-1937

8. AGE: Years	Months	Days	If less than one day
3	11	21	hr. min

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter Brocato
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Balto Md

16 (a) Informant Peter Brocato
(b) Address 4305 Glenarm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Steger & Son
(b) Address 300 E Lafayette Ave

19 JAN 22 1941 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1941, at 2 35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration

Due to Burns, 1st and 2nd degree, left chest

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident.
(b) Date of occurrence Dec 24, 1940 24-1
(c) Where did injury occur? 4305 Glenarm Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury playing with matches

23. Signature H. L. Wellenweber M.D.
Asst Medical Examiner.
Date signed 1-21-41

clothes caught on fire

F 76709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 76709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Clayton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Timothy Clayton
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 2/10-1895

8. AGE: Years	Months	Days	If less than one day
45	11	20	hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Cyrus Gilmore
13. Birthplace Lancaster Co Va

MOTHER
14. Maiden Name Elizabeth Fallins
15. Birthplace Lancaster Co Va

16 (a) Informant Eleanor Linberry
(b) Address 519 Mosher St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 24 41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto, Md

18 (a) Funeral director Dan George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JAN 22 1941 Huntington Williams, M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1941, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 19 to 1/21 1941 and that I last saw h[illegible] alive on 1/21 1941.

Immediate cause of death Bronchopneumonia — Duration approx 1 wk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 150 W. Madison St Date signed 1/22/41

VS 3

F 76710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-P Registered No. F 76710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 E Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-10
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 E Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Baker.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Baker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1866

8. AGE: Years	Months	Days	If less than one day
75	-	1	hr. min.

9. Birthplace Germany.
(Town, county and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name
13. Birthplace Germany.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Clarence Baker
(b) Address 1914 E Federal St

17 (a) Burial (b) Date thereof 1-24-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltoleon
Location E North Ave Ext

18 (a) Funeral director Leo Goebrook
(b) Address 1796-98 N Patterson Park Ave

19 (Date rec'd by registrar) JAN 22 1941 Huntington Williams, M.D. Registrar

VS 2 Dr Smith E North Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/20 1941, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Lung 19__ to 1/21 1941, and that I last saw h[illegible] alive on 1/20 1941, 9:40.

Immediate cause of death Hypertensive Heart Disease — Duration 3 yrs.

Due to

Due to

Other Conditions Chronic Glomerulo Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evl Smith M. D.

Address 1213 E. Monument Date signed 1/21/41

76711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No. F 76711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 Linden Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) -- 13 12
(e) Length of stay in Baltimore (yrs., mos., or days) 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 Linden Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Sophie Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife August H. Martin
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 21, 1866

8. AGE: Years	Months	Days	If less than one day
74	9	0.	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Francis Dreves
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Ferber
15. Birthplace Germany

16 (a) Informant August H. Martin
(b) Address 2030 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St

19 JAN 22 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Jan 21 1941, and that I last saw h ar alive on Jan 21 1941.

Immediate cause of death

Angina Pectoris — Duration 2 hrs

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. F. Holewick M. D.
Address 4710 Liberty Hts Date signed 1-23-41

76712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 76712 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Bowleys Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Burgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	25	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Carilton Burgan
13. Birthplace Balto.

MOTHER
14. Maiden Name Caroline Morris
15. Birthplace Balto.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Laurence F. Hoffmann
(b) Address 1639 Broadway.

19 JAN 22 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-41 19 , at 10 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1940, to 1-20 1941, and that I last saw him alive on 1-20 1941.

Immediate cause of death Lymphosarcoma of Cervical Glymphnodes ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 4 mo.

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney R. Ekbert Jr. M.D.
Address Baltimore City Hosp. Date signed 1/21/41

F 76713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

F 76713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 Gwynns Falls Pky
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Md
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Gwynns Falls Pky.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Caroline Hofer Amos

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Calvin Amos
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Dec 2-1868

8. AGE: Years	Months	Days	If less than one day
72	1	19	___ hr. ___ min.

9. Birthplace Harford County Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William A. Hofer
13. Birthplace Harford County Md.

MOTHER
14. Maiden Name Sarah Ellen Moore
15. Birthplace Unknown

16 (a) Informant Charlotte Hager
(b) Address 3303 Gwynns Falls Pky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24-41 (month) (day) (year)
(c) Cemetery or crematory St Marys — Location Poolesville Maryland

18 (a) Funeral director Harry N. Armiger
(b) Address 4204 Ridgewood Ave.

19 (a) JAN 23 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at 10 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1940, to Jan. 21 1941, and that I last saw her alive on Jan 21 1941.

Immediate cause of death Carcinoma of Breast — Duration 2½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard L. Dodd M.D.
Address 735 N. Fulton Ave. Date signed 1/22/41 M. D.

VS 3

F 76714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-B

F 76714

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John Sts
(c) Hospital or institution:
Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Liberty Hts Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mamie E. Bockelman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1872

8. AGE: Years	Months	Days	If less than one day
68	8	232	2 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Conrad N. Bockelman

13. Birthplace Germany

MOTHER 14. Maiden Name Anna D. Bergmann

15. Birthplace Germany

16 (a) Informant Katherine R. Faber

(b) Address 4111 Liberty Hts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Charles L. Black

(b) Address 742 W. North Ave.

19 (a) JAN 22 1941 (Registered by Registrar) (b) Filed Jan 23 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941, to Jan 22 1941, and that I last saw h[illegible] alive on Jan 22 1941.

Immediate cause of death
Cerebral thrombosis — Duration
Rt. Hemiplegia
Due to Cerebral arteriosclerosis
Due to
Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raymond D. Zemin M. D.

Address Hosp. for Women of Md Date signed 1-22-41

F 76715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 76715

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street and No. 33 E Main St, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur L. Stonesifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1878

8. AGE: Years	Months	Days	If less than one day
62	10	20	hr. min.

9. Birthplace Maryland Carroll Co. (Town, county, and state)
10. Usual Occupation Merchant Poultry Store
11. Industry or business

FATHER
12. Name Charles Stonesifer
13. Birthplace Md

MOTHER
14. Maiden Name Anna R. Barnes
15. Birthplace Md

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem.
Location Westminster Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

19 (a) (Date received by Registrar) (b) Registrar

JAN 28 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1941, at 12 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1940, to 1/23 1941, and that I last saw him alive on 1/23 1941.

Immediate cause of death: Carcinoma Urinary Bladder — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Johnston Jr. M. D.
Address Md General Hospital Date signed 1/24/41

76716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 76716 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 S. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Kramer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-0350

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-1903

8. AGE: Years	Months	Days	If less than one day hr	min
38	1-3	15		

9. Birthplace Phila Pa. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Joseph Kramer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Blaschke
15. Birthplace Germany

16 (a) Informant Alexander Domenptzshe
(b) Address 25 Captains St Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Phila. Pa.

18 (a) Funeral director James J Brydziske
(b) Address Thomas R. Md

19 (a) JAN 23 1941 (Date received by registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-1941, at 6 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquiry thereon and from the evidence obtained by said Autopsy and Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to 3rd degree burns involving about 50% of B

Due to Burns & body

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-20-1941 3-2
(c) Where did injury occur? 811 S. Dallas St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burning explosive, fall on floor, etc. Fire

23. Signature Howard J. Wiseman M.D. Medical Examiner
Date signed 1-20-41

VS 6

Nurse Not Alive

76717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-a F 76717

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1238 E. Fort Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Grasonville
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles M. Gardner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Susie A. Gardner
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 21, 1878

8. AGE: Years	Months	Days	If less than one day
62	7		hr. min.

9. Birthplace Kent Co., Md.
(Town, county, and state)
10. Usual Occupation Retired Grocer
11. Industry or business Grocery - Self

FATHER
12. Name Frank Gardner
13. Birthplace Kent Co., Md.

MOTHER
14. Maiden Name Cora Coleman
15. Birthplace Kent Co., Md.

16 (a) Informant Mrs. Dorothy Zatawiski (Daughter)
(b) Address 1238 E. Fort Ave., Balto., Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director H. Kneas & Sons
(b) Address 1400-02 E. Baltimore St.

19 (a) JAN 23 1941 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1941, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1940 to 1-21 1941, and that I last saw h— alive on 1-21 1941.

Immediate cause of death	Duration
Chronic Nephritis & Anemia	Unknown
Due to Hypertension	Unknown
Due to	
Other Conditions Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence Gerena M. D.
Address 1009 Ampere Blvd Date signed 1-22-41

F 76718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76718 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~XXXX~~ 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 160 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacqueline Dunn (58359)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife George
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1913

8. AGE: Years	Months	Days	If less than one day
27	3	27 28	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Dasnell
13. Birthplace Va.

MOTHER
14. Maiden Name Helen Wright
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1941 (month) (day) (year)
(c) Cemetery or crematory Location Blackstone Virginia

18 (a) Funeral director Mrs. P.A. Elliott Daughter
(b) Address 29 N. Caroline St.

19 (a) Huntington Williamsburg, Md.

JAN 23 1941 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1941 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14, 1940 to Jan. 21, 1941, and that I last saw her alive on Jan. 21, 1941.

Immediate cause of death: Tuberculosis of lungs, spine, lymph nodes, cava. Tuberculous meningitis — Duration: 9 mo. 1 wk

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha E. Leonard M. D.
Address Balto. City Hospitals Date signed 1-21-41

F 76719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76719

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 270 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE CHEEK

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Old age Pension

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant ?

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-23-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Aa. Co.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) 1941 (Registered by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to Hxx death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease. — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner

Date signed 1-24-41

Remus Warfield

76720 X F 76720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Rural - Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Remus Warfield

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) about 1898
8. AGE: Years 51 Months Days If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Farm

FATHER
12. Name GEORGE WARFIELD
13. Birthplace MARYLAND

MOTHER
14. Maiden Name FANNIE WARFIELD
15. Birthplace MARYLAND.

16 (a) Informant Remus Warfield
(b) Address Ellicott City Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (month) (day) (year)
(c) Cemetery or crematory Locust Chapel
Location Athelton Md
18 (a) Funeral director J. C. Nicholson
(b) Address Ellicott City Md.
19 (a) (Signature of local registrar) Huntington Williams M.D.

JAN 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1941, at 12 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1941, to 1-21 1941, and that I last saw h[illegible] alive on 1-21 1941.

	Duration
Immediate cause of death: Ruptured Esophageal and Gastric ulcer	?
Due to: Portal Embolism	?
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Hemorrhage along entire
Of autopsy: Bil. tract. Empiricinatomosis and esophagus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: L. H. Mussenden M. D.
Address President Hospital Date signed 1-21-41

F 76221 58768 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43

Registered No. F 76221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 George Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas James Hanson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1894

8. AGE: Years 46 | Months 3 5 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Laborer and Pianist

11. Industry or business 601 N. Fulton Ave., Workshop for Blind

FATHER
12. Name Milton Hansom
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie Hone
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/23/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Westport Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JAN 23 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1941, at 5:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1940 to 1-18 1941.
and that I last saw h[illegible] alive on 1-18 1941.

Immediate cause of death: Actinomycosis of urethra secretion & penis — Duration 3yrs?

Due to: uremia due to post-operative anuria — 48 hrs

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations Actinomycosis of genitalia — 1-15-41
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney P. Gehlert Jr.
Address Baltimore City Hosp. Date signed 1-30-41

25. PAGE WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76722

F 76722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 78-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Rock St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Beatty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Child.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8, 1937.

8. AGE: Years 3 | Months 3 | Days 13 | If less than one day: hr. min.

9. Birthplace ~~New York City~~ Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Beatty.
13. Birthplace New York City

MOTHER
14. Maiden Name Elizabeth Jones
15. Birthplace Va.

16 (a) Informant Elizabeth Beatty.
(b) Address 304 Rock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemet-
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Local registrar) (b) Huntington Williams, M.D.

JAN 23 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1941, to Jan. 21 1941, and that I last saw him alive on Jan. 21 1941.

Immediate cause of death: ~~Convulsions of~~ ~~Cerebral Hemorrhage~~ Convulsions — Duration

Due to: Plumbism

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Plumbism

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature W. B. Graham. M. D.
Address University Hosp Date signed 1-21-41

76723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-41

Registered No. 26723

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 W Mosher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 W. Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Clatterback

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Widowed

6 (b) Name of husband or wife Hiter Clatterback

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1873

8. AGE: Years	Months	Days	If less than one day
67	9 10	3	hr. min.

9. Birthplace Orange Co. Va
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Elsie Clatterback
(b) Address 637 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Geo. E. Kelson
(b) Address 130 E Pratt

19 (a) JAN 23 1941 Huntington Williams, M.D. Registrar
(Registered [illegible] 1941)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20-1941, at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13-1941, to 1-20-1941, and that I last saw her alive on 1-19-1941.

Immediate cause of death	Duration
Nephritis	unknown
Due to Unknown	
Due to	
Other Conditions Hypertension & myocarditis,	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Frank A Saunders M. D.
Address 1029 N. Stricker St Date signed 1-22-41

F 76724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 76724

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 E. Burke Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary L. Edel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry T. Edel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8th 1879

8. AGE: Years	Months	Days	If less than one day
61	11	14	hr. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name J. St. Clair Neal
13. Birthplace Va.

MOTHER
14. Maiden Name Eliz. Brooks
15. Birthplace Md.

16 (a) Informant J. L. Neal
(b) Address 3903 Edmondale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941, at 11 23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1941 to Jan 22 1941. and that I last saw h[illegible] alive on Jan. 22 1941.

Immediate cause of death	Duration
Diabetic Coma +	
Pneumococcus	
Due to meningitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Bruce M. D.
Address Univ. Hospt Date signed 1-22-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

76725 E 76735

CERTIFICATE OF DEATH

✓46-B

1. PLACE OF DEATH Coast Balto General Hospital Registered No.

CITY OF BALTIMORE: (No. Dukeland & Payne St. Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Schwartz If U. S. Veteran specify WAR

(a) Residence: No. 1507 Pennsylvania Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Schwartz

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jenta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 1-23-44 19

19. UNDERTAKER Jack Levin Inc
(Address) 1432 E. Baltimore St

20. FILED JAN 23 1941 19 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1/21, 1941, to 1/22/, 1941

I last saw h[illegible] alive on 1/22/, 1941. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach metastases to liver & omentum, Acute	7

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard Wallenstein M. D.
(Address) 1402 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3+

~~76726~~ X 157-6 F 76726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ..... JOHNS HOPKINS HOSPITAL

(c) Hospital or institution: .....

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da. 6 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 15 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County .....

(c) City or town New Freedom
(If outside city or town limits, write RURAL and give town)

(d) Street No. .....
(If rural give location)

(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME TAYLOR

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ..... Single

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 6, 1941

8. AGE: Years | Months | Days: 7 | If less than one day: 6 hr. 15 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER

12. Name Eugene Taylor

13. Birthplace Maryland

MOTHER

14. Maiden Name Dorothy Wilson

15. Birthplace Maryland

16 (a) Informant .....

(b) Address .....

17 (a) ..... (b) Date thereof .....
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory .....

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1941

18 (a) Funeral director Commissioner of Health

(b) Address .....

19 (a) JAN 24 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1941, at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Jan 13 1941, and that I last saw him alive on Jan 13 1941

Immediate cause of death	Duration
Intestinal obstruction	
Due to Meningocele	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? .....
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature John H. Williams M. D.

Address Johns Hopkins Hospital Date signed .....

VS 3

76727

BALTIMORE CITY HEALTH DEPARTMENT

cc **CERTIFICATE OF DEATH** 93-D

F 76727
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 12 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Jasper Grace (61712)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Lillie Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1879

8. AGE: Years	Months	Days	If less than one day
61	6	23	hr. min.

9. Birthplace Maryland (Loch Raven Balto. Co.)
(Town, county, and state)
10. Usual Occupation Construction Foreman
11. Industry or business

FATHER
12. Name Daniel Grace (a)
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Proctor (d)
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 1/24/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) 1941 Huntington Williams, M.D.
(To be filled in by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21-1941, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9-1940 to 1-21-1941 and that I last saw h[er] alive on 1-21-1941.

Immediate cause of death — Duration

Due to Hypertension & A.S. Nephritis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Bolte Clinic Hosp. Date signed 1-22-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correctage is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

76728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. 76728

8:30 to 4 a.m.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 739 Mc Henry st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 Mc Henry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME John A. Redding

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ wife Mary C. Redding

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12th 1851

8. AGE: Years	Months	Days	If less than one day: hr.	min.
90	0	10		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business at Large

FATHER
12. Name Unknown Redding
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Anna M. Rolf
(b) Address 739 Mc Henry st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Cross
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st.

JAN 23 1941 (Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1941, at 11:0 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 18 1941 to Jany 22 1941, and that I last saw him alive on Jany 22 1941.

Immediate cause of death Metastasis Regurgitation | Duration: 4 days

Due to Arterio-Sclerosis

Due to Old age

Other Conditions Oedema.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Shotwell Dyer M. D.
Address 1227 Eastern Ave Date signed 1/23/41

F 76729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76729

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 55 Green Street, Apt 2 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Larrimore Burton F 19506

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1940

8. AGE: Years	Months	Days	If less than one day
	2	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James R. Larrimore

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Dorothy Barnett

15. Birthplace

16 (a) Informant James R. Larrimore

(b) Address 66 Green St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)

(c) Cemetery or crematory Hope Chapel

Location Anne Arundel Co., Md.

18 (a) Funeral director Chas. E. MacNabb

(b) Address 23 Eutaw Place Huntington Ave. Baltimore, Md.

19 (a) (Date received by registrar) (b) Registrar

JAN 23 1941

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1941, at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Gaudenzfrei M.D. Medical Examiner.

Date signed 1/22/41

F 26730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-W

Registered No. F 26730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8400 Harford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William S. McClain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife ?

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 1, 1876

8. AGE: Years	Months	Days	If less than one day
64	8	22	21 hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John McClain

13. Birthplace Md

MOTHER 14. Maiden Name Sarah Chew

15. Birthplace Md.

16 (a) Informant Wm. S. McClain (Son)
(b) Address 8400 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 (month) (day) (year)

(c) Cemetery or crematory Bethel Cemetery
Location Blue Ridge Summit. Leonard Unger

18 (a) Funeral director
(b) Address 2305 Lanvale St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Mortuary

1-29-41

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941, at 11 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1941 to 1-22 1941, and that I last saw him alive on 1-22 1941

Immediate cause of death Respiratory failure — Duration

Due to Carcinomatosis of lungs secondary to

Due to Ca. of Esophagus

Other Conditions General debilitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gastrostomy performed for obstruction to esophagus
Of autopsy Not granted

PHYSICIAN
Underline the cause to which deaths are charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm S McClain M. D.

Address Mercy Hosp Date signed 1-22-41

76731 ✓ F 76731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Warner St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Morris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 26 1913

8. AGE: Years	Months	Days	If less than one day
27	10	24	..... hr. ..... min.

9. Birthplace Philadelphia, Pa
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Frances Jones
(b) Address 453 W. Ostend St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....
18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Bentley ave
19 (a) JAN 23 1941 (b) Huntington Williamsport Md
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1941, at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1941, to Jan 20 1941, and that I last saw h— alive on Jan 20 1941.

Immediate cause of death
Lobar Pneumonia — Duration 2 Days
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....
23. Signature D H Connell
Address 65 W Biddle St Date signed 1/23/41

F 76732 ✓ F 76732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 Pierce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara O. Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1889

8. AGE: Years 51 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name James Jarrett

13. Birthplace Va

MOTHER 14. Maiden Name Mary Williams

15. Birthplace Md

16 (a) Informant Mrs Ida Scott Md.

(b) Address 939 Pierce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 578 N. Biddle St.

19 JAN 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1941, at 8-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941 to Jan 20 1941. and that I last saw [illegible] alive on Jan 20 1941.

Immediate cause of death Cerebral hemorrhage — Duration 2 dy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Address 1539 Pierce St Date signed Jan 23 41

VS 3

F 76733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D F 76733 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Ellamont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Zenus B.Hooper

3 (b) If veteran, name war ----
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Alice M.Hooper
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug.3,1891

8. AGE: Years	Months	Days	If less than one day
49	5	18	____ hr. ____ min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business State Roads Commission

FATHER
12. Name Zenus B.Hooper
13. Birthplace Balto.Md.

MOTHER
14. Maiden Name Ellen C.Hollins
15. Birthplace D.C.

16 (a) Informant Mrs.Alice M.Hooper
(b) Address 1520 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.24,1941 (month) (day) (year)
(c) Cemetery or crematory St.Pauls
Location Arcadia Md.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 23 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan.21,1941 19__, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1940 to Jan 21 1941, and that I last saw h. m. alive on Jan 21 1941.

Immediate cause of death	Duration
(a) Chr. endocarditis	4 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer L. Dodd M. D.
Address 735 N. Fulton Ave. Date signed 1/23/41

VS 3

F 76731 ✓ F 76731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2642 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Schaeffer

3 (b) If veteran, name war: ***
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1844

8. AGE: Years	Months	Days	If less than one day
96	8	3	hr. min.

9. Birthplace Adams Co. Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Schaeffer
13. Birthplace Penna.

MOTHER
14. Maiden Name Agnes Cornin
15. Birthplace Unknown

16 (a) Informant Mrs. Annie A. Schiller
(b) Address 2642 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathederal
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) JAN 23 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 8

20. DATE OF DEATH Jan. 22 1941 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 12 1941, to Jan 22 1941, and that I last saw her alive on Jan 22 - 1941

Immediate cause of death: Cerebral hemmorrhage — Duration 11 da.
Due to: Hypertension — unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland M.D.
Address 2532 Edmondson Ave. Date signed 1-23-41

VS 3

F 76735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161-a F 76735 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: North Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 800 Ridgeleigh Road (If rural give location) RIDGELY
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME: Baby Boy Perkins F 22074 (Bath Nº)

3 (b) If veteran, name war: —
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 20, 1941

8. AGE: Years	Months	Days	If less than one day
—	—	12	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: Mr. E. Perkins
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sara Milton
15. Birthplace: Georgia

16 (a) Informant: Mrs. Mr E J Perkins
(b) Address: 800 Ridgeleigh Road

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL JAN 23 1941
Commissioner of Health

18 (a) Funeral director: By H. A. Moore
(b) Address:

19 (a) JAN 23 1941 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 22 1941, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1941, to Jan. 22 1941, and that I last saw him alive on Jan. 22 1941.

Immediate cause of death: Atelectasis and bronchopneumonia bilateral — Duration: ?
Due to: the injection of Concentrated Meconium — Duration: 28½ hrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Bilat. pulmonary atelectasis and [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Ralph Henderson, Jr. M. D.
Address: Johns Hopkins Hospital Date signed: 1-24-41

F 76736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 76736 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 W 24th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W 24th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazlewood Burroughs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	5	hr. min.

9. Birthplace Carolina Co. Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Phillip Burroughs
13. Birthplace Carolina Co. Va.

MOTHER
14. Maiden Name Julia Turner
15. Birthplace Va.

16 (a) Informant Minnie Burroughs
(b) Address 201 W 24th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. [illegible] Cemetery
Location [illegible]

18 (a) Funeral director Mrs. E. A. Elliott Daughter
(b) Address 1129 N. Carlton St.

19 (a) Date received by local registrar JAN 23 1941 (b) Filed by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941 to Jan 21 1941, and that I last saw [illegible] alive on Jan 21 1941.

Immediate cause of death Cerebral hemorrhage — Duration 8 days

Due to

Due to

Other Conditions Enterocolonis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~
Of autopsy ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Garland Russell M. D.
Address 1514 Druid Hill Ave Date signed Jan 23

76737 ✓ F 76737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Mt Pleasant Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Gray

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3884

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lula J. Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1888

8. AGE: Years	Months	Days	If less than one day
52	7	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pipe Coverer
11. Industry or business

FATHER
12. Name James Gray
13. Birthplace Baltimore

MOTHER
14. Maiden Name Grace ?
15. Birthplace Baltimore

16 (a) Informant Lula J. Gray
(b) Address 3920 Mt. Pleasant Avenue

17 (a) Burrial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Loster Lane Rd

18 (a) Funeral director Tilly & Zeilenbach
(b) Address 403 South Wolfe Street

19 (a) JAN 23 1941 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941, at 7 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vandegrift M.D.
Medical Examiner.
Date signed 1-22-41

VS 6

F 76738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 76738 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belair Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Elliott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Anna Hulseman (HULSMAN)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FRANK HULSMAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 22-1890

8. AGE: Years 65 (~~50~~) | Months 11 | Days 0 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name DORA GUET
15. Birthplace BALTIMORE MD.

16 (a) Informant FRANK HULSMAN (HUS)
(b) Address 3020 ELLIOTT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 25-41 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 23 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22/41, 19, at 10.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 19~~40~~ to 1/22 19 41 and that I last saw h Alive on 1/22/41 19

Immediate cause of death: Cancer of Uterus (Duration: 4 yrs)

Due to: Chronic Myocarditis (Duration: 4 yrs)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4309 York Rd. M. D. Date signed 1/24/41

F 76739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 76739
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 E. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 E University Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalia Garrett

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18-1859

8. AGE: Years	Months	Days	If less than one day: hr.	min.
81	4	3		

9. Birthplace Balto-Md.
(town, county, and state)
10. Usual Occupation Retired School Teacher
11. Industry or business

FATHER
12. Name John Garrett
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Blaine
15. Birthplace

16 (a) Informant Miss Lottie Garrett
(b) Address 1 E. University Parkway
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Old Frederick Rd.
18 (a) Funeral director John G. Morgan
(b) Address 3000 E. Balto. St.

JAN 23 1941 (Date received by Registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941, to Jan 21 1941, and that I last saw h er alive on Jan 21 1941.

Immediate cause of death
Coronary Disease
Cardio-Vascular-renal disease
Due to arterio-sclerosis

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Duration
stat -
5 yrs -
5 yrs
10 yr.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Louis F. Hummen M. D.
Address 722 N. Kenwood Ave Date signed 1/23/41

76740

HEALTH DEPARTMENT—CITY OF BALTIMORE

76740

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Wiltshire Ave St. 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella F. Ruth

If U. S. Veteran specify WAR

(a) Residence: No. 4202 Wiltshire Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S. Ruth

6. DATE OF BIRTH (month, day, year) Feb 18 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME — Carter

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Fannie Fuller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mildred Cook

(Address) 4202 Wiltshire Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 25 19 41

19. UNDERTAKER Phillips Nethery Sons

(Address) 2124 Eutaw Pl

20. FILED JAN 23 1941 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1940 to Jan 21 1941

I last saw h[illegible] alive on Jan 21, 1941. Death is said to have occurred on the date stated above, at 9.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC NEPHRITIS	1939
Uremia	Jan 2 '41
Bronchopneumonia	Jan 18 '41

Other contributory causes of importance:

Infectious ARTHRITIS	1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Hunelsarb M. D.

(Address) 5444 Belair Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 76741
OF 62190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-D

F 76741
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Mcalderry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Charles Lotz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1868

8. AGE: Years	Months	Days	If less than one day
73	-	6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Michael Lotz (d)
13. Birthplace ?

MOTHER
14. Maiden Name Susan Swartzeup (d)
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 27 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) JAN 29 1941 (Date received by local registrar) (b) Huntingtown Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1941, at 9:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1940, to 1-22 1941, and that I last saw h~~im~~ alive on 1-22 1941.

Immediate cause of death Carcinoma of penis & metastases — Duration 4 mo.?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr.
Address Baltimore City Hosp. Date signed 1-22-41 M. D.

W 76742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 e F 76742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~128 W. Clement St.~~
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED: 20825
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 W. Clement St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mrs Gladys ~~W~~ Wendel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ John Wendel (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1899

8. AGE: Years	Months	Days	If less than one day
41	2	21	hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Hyder Marshall Wendel
13. Birthplace Balto. Maryland

MOTHER
14. Maiden Name Hutton Anna Shelhause
15. Birthplace Balto. Maryland.

16 (a) Informant John Wendel
(b) Address 128 W. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross.
Location Md County.

18 (a) Funeral director Margaret H. Tolzmann
(b) Address 1722 Light St.

19 (a) (b) Huntington Williams, M.D. Registrar
JAN 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1941, at 2^16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941, to 1/23 1941, and that I last saw her alive on 1941.

Immediate cause of death	Duration
Anoxia - shock	
Due to acute blood loss	5 hr.
Due to Adherent placenta	over
Other Conditions History of prior radiation Hemorrhage of Pregnancy (Include pregnancy within 3 months of death)	Duration

Major findings: Caesarean section
Of operations Adherent placenta
Breech presentation.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anna Tinley M. D.
Address St. Joseph Hospital Date signed 1/25/41

F 76743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a ✓ Registered No. F 76743

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4412 Ethelund Ave
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4412 Ethelund ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas F. Thierman

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 217-09-4552

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Amelia Thierman | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1874

8. AGE: Years 66 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Collector - retired merchant

11. Industry or business Kuff Mercantile Co

FATHER
12. Name Anton Hofer Thierman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Houchens
15. Birthplace Richmond Va

16 (a) Informant Amelia Thierman
(b) Address 4412 Ethelund Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 25/1941 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Harry A. Amacast
(b) Address 4204 Ridgewood Ave

19 (a) Undertaker's certificate Huntington Williams M.D.
(b) Date received JAN 23 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 22 - 1941, at 2:40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Thierman M.D. (Medical Examiner)
Date signed 1-23-41

76744 PRYOR X 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a E 76744 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James A. Pryor

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2488

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife Mae J. A. Pryor
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 12, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
58	10	11		

9. Birthplace Sabillasville, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Commenius Pryor
13. Birthplace Sabillasville, Md

MOTHER
14. Maiden Name Josephine Conrad
15. Birthplace Sabillasville, Md

16 (a) Informant Miss Helen Pryor
(b) Address Church Home & Infirmary

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 41 (month) (day) (year)
(c) Cemetery or crematory Mount Vernon
Location Emmitsburg Md.

18 (a) Funeral director Sol Lemmon & Bros.
(b) Address 1124-26 W North Ave

19. Filed JAN 23 1941 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1941, at 4 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Jan 23 1941, and that I last saw him alive on Jan 23 1941.

Immediate cause of death	Duration
Pulmonary embolus	10 min
Due to Thrombosis of pelvic veins	?
Due to Perineal prostatectomy	15 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy Pulmonary embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-23-41

F 76745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 76745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Legat ST
(c) Hospital or institution: S B Gaithof
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Brooklyn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Bertha Bertha Juracek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Karl Juracke
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 1. 1882

8. AGE: Years	Months	Days	If less than one day
58	8	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius Skomada
13. Birthplace Germany

MOTHER
14. Maiden Name Albesta Gerlak
15. Birthplace Germany

16 (a) Informant Karl Juracke
(b) Address 3600 Brooklyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27/41 (Month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn a.a. co. md

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 JAN 24 1941 (Date rec'd by registrar) (Signature for Williams M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1941, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to Jan. 23 1941, and that I last saw h alive on Jan. 23 1941.

Immediate cause of death Generalized abdominal carcinomatosis — Duration 6 mon. 7
Due to Adenocarcinoma of ovaries — 1 yr.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. J. Sims M. D.
Address Sinai Hosp. Date signed 1-23-41

F 76746 59082-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B F 76746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo. 12da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. 27th st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Glover

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amy Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-1859

8. AGE: Years 81 | Months 6 | Days 8 | If less than one day: hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Stationary fireman Retired none
11. Industry or business

FATHER
12. Name Thomas Glover
13. Birthplace Md.

MOTHER
14. Maiden Name Sara ?
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Carmel
Location Baltimore Md.

18 (a) Funeral director William Cook
(b) Address 29 E. Pratt St

19 (a) (b) (Date received by registrar) JAN 24 1941 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22-1941, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10-1940, to 1-22-1941, and that I last saw h~~im~~er alive on 1-22-1941.

Immediate cause of death: Cerebral Thrombosis — Duration: 7 days
Due to: Gen. A-S. — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-23-41

F 76747

F 76747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 E. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 E. Lafayette Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

12 5

3 (a) FULL NAME Lucille V. Conley

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-09-5866

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
Female	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 23rd 1940

8. AGE: Years	Months	Days	If less than one day
50	—	4	hr. min.

9. Birthplace Ontario Canada
(Town, county, and state)
10. Usual Occupation Maid
11. Industry or business Md. Hotel

FATHER
12. Name Edward Conley
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Dryhan
15. Birthplace Canada

16 (a) Informant Ernest Smith
(b) Address 402 E. Lafayette Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 9/25/41 (month) (day) (year)
(c) Cemetery or crematory .....
Location Maryland Memorial Park

18 (a) Funeral director William Cox
(b) Address .....

JAN 24 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1941, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 21 1941 to Jany 22, 1941, and that I last saw h[illegible] alive on Jany 21, 1941.

Immediate cause of death	Duration
Neuralgia heart.	d
Due to Carcinoma Cervix.	Dec, 40
Due to	
Other Conditions Anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Dec. 3, 1940.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Hugh Forsythe, M. D.
Address 424 E. North Ave. Date signed 1/23/41

F 76748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 76748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. One correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4811 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4811 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilhelmina Wagner

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of ~~husband or~~ wife Chas H. Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18th 1857

8. AGE: Years	Months	Days	If less than one day
83	1	5	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Christopher Siemon
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Kerr
15. Birthplace Germany

16 (a) Informant Henrietta O'Brien
(b) Address 2225 N. Fulton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/25/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 24 1941 (b) Huntingdon Indiana MR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23rd 1941, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 17 1941 to JAN 23 1941, and that I last saw her alive on JAN 23 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: ?
Due to
Due to
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Rubert M. D.
Address 4806 Park Heights Ave Date signed 1-23-41

F 76749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76749 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 912 N. Calvert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 N. Calvert st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie B. Botts

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife Daniel Wesley Botts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1856

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	4	3		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John Cofer
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Early
15. Birthplace Va

16 (a) Informant Sallie B. Forfert
(b) Address 912 N. Calvert st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul st

19 (a) JAN 24 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1941, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1941, to Jan. 22 1941, and that I last saw h[illegible] alive on Jan. 22 1941.

Immediate cause of death
Acute Cardiac Failure
Pulmonary Congestion & Edema
Due to Myocarditis (Chronic)
Due to Arteriosclerosis

Duration
3 Days
2 years
Unknown

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Athey M. D.
Address 2304 St. Paul St. Date signed 1/23/41.

ATHEY

F 76750

F 76750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-6

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 S. Oldham st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S. Oldham st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Elizabeth Fowler

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, ~~or divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ James N. Fowler
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 21st 1843

8. AGE: Years	Months	Days	If less than one day: hr.	min.
97	6	1		

9. Birthplace Elkridge Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Joseph Southard
13. Birthplace N.Y.

MOTHER
14. Maiden Name Lydia A. Hayes
15. Birthplace N.Y.

16 (a) Informant Florence Schatzschneider
(b) Address 418 S. Oldham st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) ..... (b) ..... Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22nd 1941, at 9:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16th 1941, to Jan 22 1941, and that I last saw h~~er~~ alive on Jan 20th 1941.

Immediate cause of death Influenza
Due to Bronchial Pneumonia
Due to .....
Other Conditions Edema of Lungs

Duration 1 day
1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Mayo M. D.

Address 516 Cathedral St. Date signed 1/23/41

F 76751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B

F 76751

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Street & 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 98 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 S. Conkling Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Conrad

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4365

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A Conrad
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 20, 1882

8. AGE: Years	Months	Days	If less than one day
58	8	2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Standard Oil

FATHER
12. Name John Conrad
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Markel
15. Birthplace Maryland

16 (a) Informant Mary A Conrad
(b) Address 722 Conkling

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director John Merrick
(b) Address 2058 Pulaski

19 (a) (Date received by Registrar) (Huntington Williams Hospital)

JAN 24 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941, at 10 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5th 1941, to Jan 22 1941, and that I last saw h[illegible] alive on Jan 22 1941.

Immediate cause of death	Duration
Primary carcinomatosis	
Due to Primary carcinoma of prostate	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Ghotaud M.D.

Address Union Memorial Hosp. Date signed 1-22-41

F 76752

62791 SD

F 76752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45 F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Houser Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Anthony

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8686

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Maude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Utility (Schloss)
11. Industry or business

FATHER
12. Name Moses Anthony
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louise Jones
15. Birthplace Baltimore

16 (a) Informant Home Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto City

18 (a) Funeral director James A Hayes
(b) Address 1142 Wolfe St

19 (a) Date rec'd by registrar Jan 24 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1941, at 12 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941 to 1-22 1941, and that I last saw h[illegible] alive on 1-21 1941.

Immediate cause of death	Duration
Carcinoma of pharynx & metastasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto City Hosp Date signed 1-24-41

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 76253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Joseph's Hospital

(c) Hospital or institution Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 Mosher St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Iula A. Henry Drewry

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Nathaniel L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1887

8. AGE: Years 53 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER 12. Name William Hooper

13. Birthplace North Carolina

MOTHER 14. Maiden Name Mary P. Harper

15. Birthplace Va.

16 (a) Informant Mrs. Gertrude E. Wright

(b) Address 420 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Georgie A. Holland

(b) Address 44 31 Druid Hill Ave

19 (a) JAN 24 1941 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1941, to Jan 22 1941, and that I last saw her alive on Jan 22 1941.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Smith M. D.

Address St. Joseph's Hosp. Date signed 1/24/41

F 76754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

F 76754 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1148 Longwood Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 Longwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

161

3 (a) FULL NAME Hilda Clary Rich

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-14-0949	Female	White	Widow

6 (b) Name of husband or wife Edw. Wilson Rich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1894

8. AGE: Years	Months	Days	If less than one day
46	3	27	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Montgomery Ward & Co.

FATHER
12. Name Nicholas Benedict Clary
13. Birthplace Mt. Airy, Maryland

MOTHER
14. Maiden Name Clara Markland
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. E. Wilson Rich,
(b) Address 1148 Longwood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) JAN 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1941, at 2:25AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1940 to 1/21 1941, and that I last saw her alive on 1/21 1941.

Immediate cause of death: Malignancy of Breast — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel L. Hanaka, M. D.
Address 1945 W. Balto Date signed 1/23/41

F 76755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76755

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5713 Roland Ave

(c) Hospital or institution: Wiedenhold Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5705-Rolandave. (If rural give location)

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Josephine Anderson Terry

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thos. W. Terry

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 9. 1845

8. AGE: Years 95 | Months 1 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name William Rogers

13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Anderson

15. Birthplace Canada

16 (a) Informant Mrs. L. J. Burgan (daughter)

(b) Address 5705-Roland-Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-24-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto Md.

18 (a) Funeral director Sherwood Monument Co.

(b) Address 108 W. Monk Ave.

19 (a) JAN 24 1941 (Date received by local registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941, to Jan 22 1941, and that I last saw her alive on Jan 21 1941.

Immediate cause of death: Lobar Pneumonia — Duration 5 days

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. Tilton Porter M. D.

Address 4622 Roland Ave Date signed 1/22/41

F 76756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

Registered No. F 76756

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edward Cole, alias David Wolf

3 (b) If veteran, name war: yes W. War I

3 (c) Social Security Account No. 218-09-8220

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife: Jennie Cole Wolf
(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov 17th 1888

8. AGE: Years	Months	Days	If less than one day
52	2	4	..... hr. — ..... min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Martin J. Wolfe
13. Birthplace Pa

MOTHER
14. Maiden Name Margaret Reese
15. Birthplace Wales

16 (a) Informant Miss Jennie Cole Wolf
(b) Address 318 S. Gilmor St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Jan. 25th 41 (month) (day) (year)
(c) Cemetery or crematory U. S. National Cem
Location .....

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor St

19 (a) JAN 24 1941 (Date received by Registrar) (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1941, at 4 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941, to Jan 21 1941, and that I last saw him alive on Jan 21, 1941.

Immediate cause of death: coronary thrombosis — Duration

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Nathan Rosen, M. D.
Address 206 S. Gilmor St Date signed 1/21/41

F 76757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76757 Registered No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Rural - Raynor Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lola Horseman

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-03-1644

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ernest Horseman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 29, 1919

8. AGE: Years	Months	Days	If less than one day
21	3	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Packing Bottles
11. Industry or business Columbia Glass Company

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Mary A. Meyers
15. Birthplace Raynor Heights.

16 (a) Informant Elizabeth Snyder
(b) Address Raynor Heights

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan. 27th 1941 (month) (day) (year)
(c) Cemetery or crematory Meadowview Burial Park
Location

18 (a) Funeral director Jr Jones
(b) Address 111 S. Gilmor St

JAN 24 1941 (Date rec'd by registrar) (b) Harding for Indiana Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22-1941, at 11:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquest find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Multiple fractures	
Due to Fractures of head brain	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 1-22-1941 (Mo)
(c) Where did injury occur? Hammond Ferry Road A.A. Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian, struck by Automobile

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-23-41

F 76758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 76758

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Rural - Raynor Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Horseman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-18-7000

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lola Horseman

6 (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1919

8. AGE: Years 21 | Months - | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Consolidated Engineering Co. Camp Meade.

FATHER
12. Name Ernest H. Horseman
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Elizabeth Snyder
(b) Address Raynor Heights.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof Jan 27 1941 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor St

19 (a) ... (Date received by local registrar) (b) Hunting Town Williamsburg

JAN 24 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22-1941, at 11:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquisition (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-22-1941 (month) (day) (year)
(c) Where did injury occur? Hammond Ferry Roads A.A. Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Weedon M.D.
Medical Examiner.
Date signed 1-23-41

F 76759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 76759

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Sharpe St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME FRANK PRINGLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 247-24-9180

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1912

8. AGE: Years	Months	Days	If less than one day
28	8	10	hr. min.

9. Birthplace Manning S C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Garage

FATHER 12. Name Harry Pringle

13. Birthplace S. C.

MOTHER 14. Maiden Name Sallie

15. Birthplace S. C.

16 (a) Informant Wesley Miller

(b) Address 1030 Edmondson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Co

Location Balto City

18 (a) Funeral director Isaiah L. Burnett

(b) Address 101 W Montgomery St

19 (a) JAN 24 1941 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 3:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage — Duration

Due to Stab wound of chest.

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan 18, 1941
(c) Where did injury occur? Mansion 500 W Barre St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury pocket knife

23. Signature H. L. Wollenmaber Asst Medical Examiner — M.D.

Date signed 1-21-41

F 76760 cc 51617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. F 76760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 W. Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-7165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Stephen Jennings
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Arbutus a a & mol

18 (a) Funeral director Isaiah L. Burns & Son
(b) Address 108 W Montgomery St

19 (a) (Date received by local registrar) (b) Irvington Williams, M.D. Registrar

JAN 24 1941

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1940, to 1-22 1941, and that I last saw him alive on 1-22 19 41

Immediate cause of death: Carcinoma of Bladder & metastasis over

Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ruzek M. D.
Address Balto City Hosp Date signed 1-23-41

F 76761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-2

F 76761

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Lyden Lauw Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)

(d) Street No. 203 N. Hoffman St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ora C. Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-4013

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1916

8. AGE: Years 24 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business Julius Lutman Co

FATHER

12. Name Calvin C. Holmes

13. Birthplace Va

MOTHER

14. Maiden Name Hattie Stark

15. Birthplace Baltimore, Md

16 (a) Informant Hattie Holmes

(b) Address 203 N. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26 1941 (Death) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location

18 (a) Funeral director Robert L. Young

(b) Address 804 W. Caroline St

19 (a) JAN 24 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1941 to 1/22 1941 and that I last saw h[er] alive on 1/22 1941

Immediate cause of death

Meningitis

Due to Cause undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Myron A. Swan M. D.

Address Lyden Lauw Hosp Date signed 1/23/41

F 76762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 76762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1853 253 Lemmon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harlod Upshur

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-06-1902

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	divorced

6 (b) Name of husband or wife Mary Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15-1884

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	9	11		

9. Birthplace Maurmarville Va.
(Town, county, and state)
10. Usual Occupation Steamfitter
11. Industry or business

FATHER
12. Name Geo. Upshur
13. Birthplace Va.

MOTHER
14. Maiden Name Matilda Stevens
15. Birthplace Va.

16 (a) Informant Matilda Vincent
(b) Address 814 Fulton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location E. A. 60.
18 (a) Funeral director Sam'l. W. Crawford Son
(b) Address 628 N. Eutaw St.

JAN 24 1941 (Date rec'd by registrar) Washington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1941 at 9 22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1941 to Jan. 21 1941, and that I last saw h[illegible] alive on Jan. 21 1941.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other Conditions Bronchiectasis, Lung Abscess	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Stupik M. D.
Address St. Joseph's Hosp Date signed 1/22/41

F 76763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 76763

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2060 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James P. Donohue.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Mrs. Mary Donohue.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/22/74

8. AGE: Years	Months	Days	If less than one day
66	1	—	— hr. — min.

9. Birthplace — Balto. Md. (Town, county, and state)
10. Usual Occupation Pen Coffee
11. Industry or business Jeff

FATHER 12. Name Patrick Donohue
13. Birthplace Ire. Ire.

MOTHER 14. Maiden Name Margaret Donohue
15. Birthplace — Ire.

16 (a) Informant Hospital Chart.
(b) Address 2060 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25-41 (month) (day) (year)
(c) Cemetery or crematory New Cath. Location Old Frederick Rd

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto St.

19 JAN 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1941, at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9, 1941, to Jan 22 1941, and that I last saw him alive on Jan 22 1941.

Immediate cause of death Coronary thrombosis — Duration 2 wks.
Due to Arteriosclerosis — "
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature J M Collins M.D.
Address 2029 W. Fayette St Date signed 1-23-41 M. D.

VS 3

F 76764

F 76764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Battery ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 51 yrs. years

3 (a) **FULL NAME** Pauline Schobel (Schoebel)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Julius Schoebel
6 (c) If alive, give age † years

7. Birth date of deceased (mo., day, yr.) Aug. 3. 1870

8. AGE: Years	Months	Days	If less than one day
70	5	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Albert E. Labagis
(b) Address 230 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

(c) (Signature of registrar) (b) Hunting for Williams Mott

JAN 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22- 1941, at 2:20 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquisition & Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock.
Due to Multiple fractures
Due to Multiple abrasions & Contusions
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-22-41 4-1
(c) Where did injury occur? Cor. Fulton & Baltimore City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - Struck by Automobile

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 1-23-41

VS 6

Lennan
76765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 192-D

F 76765
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 631 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 E 33rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A. VAETH

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Clara E Vaeth
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 2/6/1884

8. AGE: Years 56 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George F. Vaeth
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sophie Mengel
15. Birthplace Baltimore Md

16 (a) Informant Clara E Vaeth
(b) Address 631 E 33rd St.

17 (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Old Frederick Rd

18 (a) Funeral director John J Donaghoe
(b) Address 318 E 20th St

19 (a) JAN 24 1941 (b) Huntington Williams, M.D. Registrar
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941, to Jan 23 1941, and that I last saw ~~him~~ alive on Jan 23 1941.

Immediate cause of death
Pneumonia Thrombosis — Duration 7 days
Due to Chronic Endocarditis — 10 Jan 7 yrs
Due to Pulmonary Infarcts
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alma B Lennan M D
Address 718 N Patterson Park Ave Date signed 1-24-41
M. D.

F 76766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 76766
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 Linden ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Linden ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernice Audds (Foster)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married - separated

6 (b) Name of husband or wife Henry Audds
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1898

8. AGE: Years	Months	Days	If less than one day
42	1	9	hr. min.

9. Birthplace Henderson N. C.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Charles Brodie
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Josey —
15. Birthplace N. Carolina

16 (a) Informant Josey Foster
(b) Address 435 W. Biddle St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) JAN 24 1941 (b)
(Date rec'd by registrar) Registrar

Funeral for Williams M.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22- 1941, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest & Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-23-41

VS 6

76767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 76767 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 350 S White Chapel Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? yes years

15

3 (a) FULL NAME Baby Boy Krause Birth # F 22133
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/23/41

8. AGE: Years	Months	Days	If less than one day
			18 hrs min.

9. Birthplace Baltimore Maryland. (Town, county, and state)
10. Usual Occupation Newborn.
11. Industry or business

FATHER
12. Name Howard Frank Krause
13. Birthplace Baltimore Maryland.

MOTHER
14. Maiden Name Anna Kramer
15. Birthplace Hanover, Pennsylvania

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balt Boul & Hamilton Ave

18 (a) Funeral director Jack Lear Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (b)

JAN 24 1941 Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 7:42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to Jan 24 1941, and that I last saw him alive on Jan 24 1941.

Immediate cause of death Premature - atelectasis — Duration
Due to Maternal toxemia — 1 week
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Lewis M.D.
Address University Hosp Date signed 1-29-41

F 76768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

F 76768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna R. Kilbourne

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-1778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/17/1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35	7	6		

9. Birthplace Edenwald Kent County Md. (Town, county, and state)
10. Usual Occupation P.B.X. Operator
11. Industry or business Union Trust Co.

FATHER
12. Name John V. Kilbourne
13. Birthplace Kent County. Md.

MOTHER
14. Maiden Name Kate M. Maslin
15. Birthplace Kent County. Md.

16 (a) Informant Mrs. John V. Kilbourne
(b) Address 1213 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore - city

18 (a) Funeral director J. B. Tippett & Son
(b) Address 13 Eutaw Place

19 (a) JAN 24 1941 (b) Where received, registered Huntingtown Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1941, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940 to 1/23 1941, and that I last saw her alive on 1/23 1941.

Immediate cause of death: Sarcoma of Chest — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel A. Shanahan M. D.
Address 9 Baltimore St. Date signed 1/24/41

F 76769

F 76769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Jennings

Burial F 21662

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1941

8. AGE: Years	Months	Days	If less than one day
—	—	21.	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Edward Jennings
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Agnes Keats
15. Birthplace Baltimore Md

16 (a) Informant Charles E. Jennings
(b) Address 2517 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Baltimore City

18 (a) Funeral director J. B. Wilkerson & Son
(b) Address 1300 Eutaw Pl.

19 (a) JAN 24 1941 (Date received by registrar) (b) Hennegan Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1941, at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1941, to Jan 23 1941, and that I last saw him alive on Jan 23 1941.

Immediate cause of death — Duration

Acute Bronchitis

Due to Influenza

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Fred Holdsworth M.D.
Address 1715 W. Pratt St. Date signed 1/24/41

F 76770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1934

F 76770 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Hillman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSHUA AMOS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Cate Eloria Amos

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1876

8. AGE: Years 64 ~~65~~ | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Cement finisher

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Balto Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto Md.

16 (a) Informant Mrs Howard M. Owings
(b) Address 946 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/1941 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave & Longwood St

18 (a) Funeral director John J Corbett & Son
(b) Address 901 Hollins St.

19 (a) Date received by registrar JAN 25 1941 (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic heart disease.

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallamaker Asst. Medical Examiner. M.D.

Date signed 1-22-41

E 26771 OF 60457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. E 26771

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 533 N. Potomac Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Hagan

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 25, 1899

8. AGE: Years	Months	Days	If less than one day
41	2	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER	12. Name	Peter Hagan
	13. Birthplace	Maryland
MOTHER	14. Maiden Name	Margaret McCombs
	15. Birthplace	Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27th 1941 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson Ave

18 (a) Funeral director Leo S. Brooh

(b) Address 1701-03 W. Pratt St. Res. Huntington Woods, Md.

19 (a) (Registrar) (b) Registrar

JAN 24 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1941, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28- 1940 to 1-23- 1941, and that I last saw h alive on 1-23- 1941.

Immediate cause of death Uremia — Duration 7

Due to Chr. Glom. Nephr. Rheum. Ht. Dis — P P

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Rheum Ht Dis Chr. Glom. Nephr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 1-23-41

76772

HEALTH DEPARTMENT—CITY OF BALTIMORE

76772

CERTIFICATE OF DEATH

131-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 E. Lanvale St. St. 8-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Harris

If U. S. Veteran specify WAR _____

(a) Residence: No. 2234 E. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Harris

6. DATE OF BIRTH (month, day, year) March-12-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51Yrs.	10Mo.	10Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gipson Patterson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Bunce

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James E. Harris
(Address) 2234 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Meadowridge Memorial Park. Jan.-25 1941
Place Date 19

19. UNDERTAKER Henry Hoede & Sons Inc.
(Address) 1301 E. Eager St.

20. FILED JAN 24 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.-22-1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1940 to Jan 22 1941

I last saw he alive on Jan 22 1941 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Rheumatic	1 Yrs
Hypertension	1 Yrs
Other contributory causes of importance: Chr Parenchymatous Nephritis	1 Yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None What test confirmed diagnosis? Clinical Was there a autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ella Stevens M. D.

(Address) 3878 Hartford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

VS 6

F 76773

OF 15867

F 76773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6½ yrs

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. none (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry J. McCall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	4	7		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business

FATHER

12. Name Hugh

13. Birthplace Ireland

MOTHER

14. Maiden Name Emily Shepherd

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 24-41 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location German Hill Rd

18 (a) Funeral director J. J. Fahey & Sons

(b) Address 1304 Eight St

19 (a) JAN 24 1941 (Date received by registrar) (b) Registrar

Huntington Turnpike, Md.

VS 3

MEDICAL CERTIFICATION

30

20. DATE OF DEATH 1-20- 1941 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9- 1938 to 1-20- 1941, and that I last saw h[im] alive on 1-20- 1941.

Immediate cause of death Coronary thrombosis — Duration ?

Due to Gen. A-S. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Past

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 1-22-41

76774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VS 6-D

F 76774 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State S. Carolina (b) County
(c) City or town Florence 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. Warley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Margaret Zehe (Margaret Atkinson Zehe)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frampton S. Zehe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 6, 1907

8. AGE: Years 33 | Months 9 | Days 18 | If less than one day: hr. min.

9. Birthplace: Darlington Co., South Carolina
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Jos. H. Atkinson
13. Birthplace: Darlington Co., South Carolina

MOTHER
14. Maiden Name: Lillie Melton
15. Birthplace: Darlington Co., South Carolina

16 (a) Informant: Mr. Frampton Zehe
(b) Address: Florence, South Carolina

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/26/41 (month) (day) (year)

(c) Cemetery or crematory
Location: Florence, South Carolina

18 (a) Funeral director: Wm. J. Tiskner & Sons, Inc.
(b) Address: North & Pa. Avenues.

19 JAN 24 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1941, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1941 to 1-24 1941, and that I last saw hPt alive on 1-24 1941.

Immediate cause of death: Respiratory Failure — Duration: hrs.

Due to Craniotomy for — 3 days ago

Due to Supra-Sellar Cyst (Brain tumor) — months

Other Conditions — over

(Include pregnancy within 3 months of death)

Major findings: Of operations See above

Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Abrams, M.D.
Address Union Memorial Hosp. Date signed 1-24-41 M. D.

VS 3

P 76775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-C

Registered No. B 76775

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 Malden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary D. Hodges Birth # F 21749

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-14-40

8. AGE: Years	Months	Days	If less than one day
	1	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1941
Commissioner of Health

18 (a) Funeral director For M. A. Moore
(b) Address

19 (a) JAN 24 1941 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1941 3:22 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said Inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intracranial birth injury — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Vanderhoof M.D. Medical Examiner.
Date signed 1/17/41

F-76776
Md. State case —
Md.

F-76776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Kent

(c) City or town Rockhall (If outside city or town limits, write RURAL and give town)

(d) Street No. Main St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Stevens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			5 hr. min.

9. Birthplace Md — (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Vernon Stevens

13. Birthplace

MOTHER 14. Maiden Name Ruth

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-41 (month) (day) (year)

(c) Cemetery or crematory Westley Chapel

Location Rock Hall Md

18 (a) Funeral director Wm. H. Cook

(b) Address Church Hill Md

19 (a) JAN 29 1941 (b) Huntington Williams M.D. (Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941 at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941 to 1-28 1941 and that I last saw him alive on 1-28 1941.

Immediate cause of death	Duration
Prematurity	5 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Roy Pollack M. D.

Address J. H. H. Date signed 1-29-41

Howard L. Madden M.D.

V8 3

76777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. E 76777

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Ridgewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

15-13

3 (a) FULL NAME BARTHOLOMEW Birth # F 21573

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 3, 1941

8. AGE: Years	Months	Days	If less than one day
			19 hr. 5 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Francis Bartholomew
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Reed
15. Birthplace New Jersey

16 (a) Informant
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

JAN 24 1941 (b) Harrington Williams M.D.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1941 at 4:19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1941 to Jan 4 1941, and that I last saw her alive on Jan. 4 1941.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Date signed

F. 76778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76778

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1322 Hanover St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1322 Hanover St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

73

3 (a) **FULL NAME** Emma Kung

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1866

8. AGE: Years 75 | Months | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Alexander Kung

13. Birthplace Switzerland

MOTHER 14. Maiden Name Mary Benaman

15. Birthplace Baltimore, Md.

16 (a) Informant Miss Catherine E. Kung (Sister)

(b) Address 1322 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1941 (month) (day) (year)

(c) Cemetery or crematory London Park Cem.

Location Baltimore, Md.

18 (a) Funeral director C. Routzhan Evans

(b) Address 1400-02 St. Charles St.

19 (a) JAN 25 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24/ 1941, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5/ 1940 to 1/24/ 1941 and that I last saw her alive on 1/23/ 1941

Immediate cause of death: Hypertensive cardio vascular disease — Duration: ?

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Leikel M. D.

Address 1226 Hanover St. Date signed 1/24/41

76779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 159

F 76779 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da. 17hrs. 10min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 East Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME MOORE

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife single
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) November 26, 1940

8. AGE: Years	Months	Days	If less than one day
		1	17 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Moore
13. Birthplace Virginia

MOTHER
14. Maiden Name Marie Tapscott
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 JAN 24 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1940, to Nov. 27 1940, and that I last saw him alive on Nov. 27 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Date signed

B 76780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120-B F 76780

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1155 E. Lombard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1155 E Lombard st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Rabolski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 24 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 JAN 24 1941 Huntington Williams, M.D.
Registrar

V8. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 19 41 at 12 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Ulcerative colitis and diabetes
Massive intestinal hemorrhage

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. M. Sanderson M.D.
Medical Examiner.

Date signed 1/16/41

F 76781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 76781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2415 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2415 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee L Godman

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25-1867

8. AGE: Years 73 | Months 10 | Days 27 | If less than one day hr. min

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Clerk

FATHER
12. Name George P. Godman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Muir
15. Birthplace Baltimore, Md.

16 (a) Informant Bessie Bowen
(b) Address 2415 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 41 (Date rec'd by registrar) Huntington Williams M.D.

JAN 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941, at 11:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death).

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G Kyber M.D. (Medical Examiner)
Date signed 1-23-41

76782 Reh

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No. F 76782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N. Duncan St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Duncan (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Carolina M. Reh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John J. Reh
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 5. 1871

8. AGE: Years	Months	Days	If less than one day
69	3	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Jos. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Andrew
15. Birthplace Germany

16 (a) Informant Mrs M. Schairer
(b) Address 803 E. Fayette.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas J. Ernst
(b) Address 1608 Hollins St

JAN 24 1941 (Date rec'd by registrar) (b) Huntington Mill (Registrar) Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1941, to Jan 22 1941, and that I last saw her alive on Jan 21 1941

Immediate cause of death Myocardial failure — Duration over

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Flom
Address 321 E. Fayette St Date signed 1/24/41 M. D.

Charles Flom, M. D.

F 76783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 76783 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Upton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Warren R. Wiggins (61941)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-4549

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1918

8. AGE: Years	Months	Days	If less than one day
22	6	45	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Octavious Wiggins
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Smith
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (month) (day) (year)
(c) Cemetery or crematory Northumberland Co. Va.
Location
18 (a) Funeral director Chas. H. Kelsey
(b) Address 1303 Pressman
19 (a) JAN 24 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1941 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1940 to Jan. 22, 1941 and that I last saw him alive on Jan. 22, 1941.

Immediate cause of death: Tuberculosis of multiple joints, glands, intestinal tract, lungs — Duration: 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 1-23-41

VS 3

76784 62601 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. 76784

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town No Home (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Steer

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	9	27		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business Sells Produce Dealer

FATHER

12. Name Charles E. Steer

13. Birthplace Maryland

MOTHER

14. Maiden Name Rose Jones

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial [illegible] (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)

(c) Cemetery or crematory [illegible]

Location [illegible]

18 (a) Funeral director [illegible]

(b) Address [illegible]

19 (a) JAN 24 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24- 1941 at 3:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941 to 1-24 1941, and that I last saw him alive on 1-24 1941.

Immediate cause of death Carcinoma of left lung — Duration 8 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1-22-41 - ca of left lung

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Fielding R. Eshleman Jr. M. D.

Address Baltimore City Hosp. Date signed 1-24-41

VS 2

76785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. E 76785

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 933 E Fusting St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 933 E Fusting St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George L Holtz

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna C Holtz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Foreman Tinner

11. Industry or business Self

FATHER

12. Name Abram Holtz

13. Birthplace Germany

MOTHER

14. Maiden Name Sarah Gunst

15. Birthplace Md

16 (a) Informant Gertrude C Holtzclaw

(b) Address 1200 Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (month) (day) (year)

(c) Cemetery or crematory Union Ave

Location Baltimore Md

18 (a) Funeral director Wilson Co

(b) Address 1217 W Fayette St

19 (a) Filed (Date filed by Registrar) JAN 24 1941 (b) Registrar Huntington Williams M D

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to Jan 23 1941 and that I last saw h alive on Jan 22 1941.

Immediate cause of death: chr. congestive heart failure

Duration: from history 2-2½ yrs.

Due to: arteriosclerosis & hypertension

Duration: ? over

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Samuel Silverman M D

Address 714 E. Preston St Date signed 1/24/41

VS 3

76786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

Registered No. E 76786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2794 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2794 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Benjamin T. Norris

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Florence Norris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1862

8. AGE: Years 79 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace St. Marys Co. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Book Keeper

FATHER
12. Name Ignatius W. Norris
13. Birthplace Md.

MOTHER
14. Maiden Name Hanna R. Foxwell
15. Birthplace Md.

16 (a) Informant Maude N. Paxson
(b) Address Annapolis Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/27/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

19 JAN 24 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23rd 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to Jan 23 1941, and that I last saw him alive on Jan 23 1941.

Immediate cause of death Carcinoma Prostate — Duration

Due to

Due to

Other Conditions Hypertension? arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Schmuck, M.D.
Address 1337 S. Charles St Date signed 1/27/41

VS 3

76787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 76787 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Brighton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisey M. Tegler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	Widow

6 (b) Name of husband ~~or wife~~ late William Tegler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1875

8. AGE: Years	Months	Days	If less than one day
65	4		hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Landa
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant George E Fisk
(b) Address 3003 Brighton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Edmondson Ave & Longwood

18 (a) Funeral director Harry N Waltzle
(b) Address 4101 Edmondson Ave

JAN 24 1941 (b) Registrar
Huntington Williams, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 23 1941, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to JAN 23 1941, and that I last saw her alive on JAN 23 1941.

Immediate cause of death CARCINOMATOSIS — **Duration**

Due to CARCINOMA OF URINARY BLADDER

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Herbst Jr. M. D.
Address Union Memorial Hosp. Date signed 1-23-41

F 26788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-N Registered No. F 26788

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: Levi Zeruna Aged Phyllis Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Gliene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1851

8. AGE: Years	Months	Days	If less than one day
89	1	23	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Ferd Debruiler

13. Birthplace England

MOTHER 14. Maiden Name Lavaana Lippke

15. Birthplace Germany

16 (a) Informant Zerman Aged Phyllis Home

(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Trinity

Location O'Donnell St

18 (a) Funeral director Harry N Weyler

(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 24 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16/41 to Jan. 23/41. and that I last saw her alive on Jan. 23/41.

Immediate cause of death — Duration

Influenza. — 7 days

Due to

Due to

Broncho Pneumania — 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Dunn M. D.

Address 933 Hanover St. Date signed Jan 24/41

F 76789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-e Registered No. F 76789

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Esplanade Apts

(b) Street address Entrance Rear Brookdale

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 3 Esplanade Apts (If rural give location) Brookdale Entrance

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm J. Mann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Packard Mann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67	4	23	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Self. Clothing Trade

FATHER

12. Name Jacob Mann

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Rafenstein

15. Birthplace Germany

16 (a) Informant Mr Wm J Mann

(b) Address Esplanade Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/41 (month) (day) (year)

(c) Cemetery or crematory Bel Air Rd Balto Hebrew

Location Belair Rd

18 (a) Funeral director David Goodman's Inc

(b) Address 1902 Eutaw Pl

19 (a) 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

1/25/41

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd 1940 at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15th 1940 to 1/23/41 19 , and that I last saw h alive on 1/23/41 19 .

	Duration
Immediate cause of death Myocardial Insuffic	1 day
Due to General Arteriosclerosis	1 yr.
Due to Arteriosclerosis Paralysis	7-8 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene F Leopold M. D.

Address 200 W Lafayette Ave signed 1/25/41

76790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W ✓ F 76790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 43 E Randall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 E Randall
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence E Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George E Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1877

8. AGE: Years 63 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Preston
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Lancer
15. Birthplace Md.

16 (a) Informant George E. Smith Sr
(b) Address 43 E. Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25/1941 (month) (day) (year)

(c) Cemetery or crematory Lakewood
Location Balto. Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 Eden St

19 (a) (b) Registrar

JAN 25 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1941, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16/1940 to 1/23/1941 and that I last saw her alive on Jan. 22, 1941.

Immediate cause of death Cerebral hemorrhage — Duration 8 hrs.

Due to

Due to

Other Conditions Chronic bronchitis ? and bron. asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Weibel M. D.
Address 1226 Hanover St Date signed 1/24/41

76791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D E 76791 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 S Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 S Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Emma Jane Parks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles A. Parks

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 18, 1866

8. AGE: Years 73 | Months | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Tyler

13. Birthplace Md

MOTHER 14. Maiden Name Rachell A. Holmes

15. Birthplace Balto. Md

16 (a) Informant Florence Andrews

(b) Address 1631 S Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27/41 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto.

18 (a) Funeral director A. Raymond Evans

(b) Address 1400 E Baltimore St

19 (a) 19 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1941, at 1105 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 24 1941, and that I last saw her alive on Jan 15 1941.

Immediate cause of death Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Myocarditis & Broncho-pneumonia Terminal

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Schmunk M. D.

Address 1337 S. Charles St Date signed 1/24/41

76792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 76792

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 St Paul St
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 St Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia L Pennington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: about 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Josiah Pennington
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth A Sterling
15. Birthplace Maryland

16 (a) Informant L Baldwin
(b) Address Bolton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry H Jenkins Son Co
(b) Address Orchard & Mosher Sts

19 (a) (Date rec'd by registrar) (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to 19; and that I last saw h Lr alive on Jan 24 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to Arteriosclerosis	2 yrs
Due to Carcinoma of Cervix	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Copy to Comptr
Address 2938 St Paul St Date signed 24 Jan M. D.

76793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 ✓ E 76793 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hospital
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Chestertown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold Blackhurst. (HAROLD J. BLACKHURST)

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Watts Blackhurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1884

8. AGE: Years 56 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace New York City, New York (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Blackhurst
13. Birthplace Unknown

MOTHER
14. Maiden Name Ida Stevenson
15. Birthplace Philadelphia, Penna.

16 (a) Informant Mr. Charles A. Masson
(b) Address 305 Stewart Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 JAN 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. *Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1941, at 5 min P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to Jan 24 1940 and that I last saw him alive on Jan 24 1940

Immediate cause of death: Coronary Occlusion. Arteriosclerosis Cardio-Vascular Disease. — Duration

Due to

Due to

Other Conditions Pulmonary Infarct. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Brelle M. D.
Address Date signed 1-24-41

76794 cc 62992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 76794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3848 Quarry Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

B-8

3 (a) FULL NAME George Smith Burial F 10373

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1940

8. AGE: Years	Months	Days	If less than one day
	8	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry McGowan
13. Birthplace ?

MOTHER
14. Maiden Name Gladys Smith
15. Birthplace Baltimore, Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Roland Ave.

18 (a) Funeral director Schumacher-Adamson
(b) Address 3459 Harford Ave.

19 (a) JAN 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941, to 1-24 1941, and that I last saw him alive on 1-24 1941.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosps Date signed 1-25-41

F 76795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 786 Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME John Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant —
(b) Address —

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) JAN 25 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1941, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941, to 1-20 1941, and that I last saw him alive on 1-20 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to Hypertension	
Cardiovascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Musgrave M. D.
Address Provident Hospital Date signed 1-21-41

VS 3

6212

F 76796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

F 76796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 654 E. 37th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Helen T McDonnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles A McDonnell
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Oct 10 1907

8. AGE: Years	Months	Days	If less than one day
33	3	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Wm. Frank
13. Birthplace

MOTHER
14. Maiden Name Anna Clarke
15. Birthplace

16 (a) Informant Mrs. McDonnell
(b) Address 654 E. 37th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

JAN 25 1941 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 10 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to Jan 23 1941, and that I last saw her alive on Jan 23 1941.

Immediate cause of death Peritonitis — Duration 24 hrs

Due to Perforated Duodenal Ulcer — 24 hrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Baer M. D.
Address St Josephs Hosp Date signed Ja 23/41

VS 3

F 76797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76797 Registered No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 839 Lakeland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 Lakeland (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mark Bell

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	col.	married

6 (b) Name of ~~husband~~ or wife Goldie Bell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-1875

8. AGE: Years	Months	Days	If less than one day
65	2	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Bell
13. Birthplace unknown

MOTHER
14. Maiden Name Sarah Stevens
15. Birthplace unknown

16 (a) Informant Goldie Bell
(b) Address 839 Lakeland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto city

18 (a) Funeral director Josiah S. Brown & Son
(b) Address 105 W Montgomery St

19 JAN 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1941, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1941, to June 22 1941, and that I last saw h alive on June 22 1941.

Immediate cause of death Cerebral Hemorrhage — Duration Jun 17

Due to Hypertensive Cardio Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Eichelberger M. D.
Address 803 N Fremont Date signed Jan 27

IVORY

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76798

CERTIFICATE OF DEATH

83-a F 76798

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 586 Presstman St. St. 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgia A. Ivory

(a) Residence: No. 586 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston Md.

FATHER

13. NAME George Pitts

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lizzie Stillcamps

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Harris
(Address) 586 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place M.E. Cultrum Date Jan 27 1941

19. UNDERTAKER Mrs. Frances A. Hemsley
(Address) 578 W. Biddle St.

20. JAN 25 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1941, to Jan ..., 1941

I last saw h... alive on Jan ..., 1941. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Other contributory causes of importance:	
Arterio-Sclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edw. J. McAleer M. D.

(Address) 1230 Druid Hill Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 76799

15585 SD BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 76799 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 W. Hoffman Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Wilson (Summerfield Wilson)

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Separated

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/10/1879

8. AGE: Years	Months	Days	If less than one day
61	6	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Charles ?
13. Birthplace

MOTHER
14. Maiden Name Fannie Wheeler
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 518 W. Biddle St

19 (a) JAN 25 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1941, at 3 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30- 1935 to 1-23- 1941, and that I last saw h[illegible] alive on 1-23- 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Gen. A-S.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-23-41

VS 3

F 76800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 Wilson Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 Wilson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A. A.	Widowed

6 (b) Name of husband or wife Amos Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/6/91

8. AGE: Years	Months	Days	If less than one day
50 49 50	2	16	hr. min.

9. Birthplace Durham North Carolina (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Hooker
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rachel Lambert
15. Birthplace North Carolina

16 (a) Informant James Henry Edwards (Son)
(b) Address 1317 McCulloh Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Pressman St

JAN 25 1941 (Date) (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1941, to 1/22 1941, and that I last saw h[illegible] alive on 1/22 1941.

Immediate cause of death Hypertension Heart Disease — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1302 Pennsa Ave Date signed 1/24/41

VS 1

F 76801

cc 61636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 a

F 76801

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1month 2 wks.

(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County .....

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1019 Saratoga St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Susie Waters

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Cecil

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1904

8. AGE: Years	Months	Days	If less than one day
36	4	11	hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER
12. Name Harrison Hargis
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Teagle
15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location .....

18 (a) Funeral director Geo. G. Kelcey

(b) Address 1303 Presstman St

19 (a) JAN 25 1941 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1941, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1940 to 1-22 1941, and that I last saw her alive on 1-22 1941.

	Duration
Immediate cause of death Multiple Abscess of Lung caused by Brain Abscess	1 mo
Due to Rt Lung abscess	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)

(e) Means of injury .....

23. Signature Henry L. Ryder M. D.

Address Balto City Hosp Date signed 1-23-41

VS 3

F 76802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 76802

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington, D.C. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Cleveland Ave., N.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Stiles

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1867

8. AGE: Years	Months	Days	If less than one day
73	8	9	hr. min.

9. Birthplace Spring Valley, N.Y. (Town, county, and state)
10. Usual Occupation Medical Director, P.H.S.
11. Industry or business Commissioned Officer (Retired)

FATHER
12. Name Samuel Stiles
13. Birthplace Mass.

MOTHER
14. Maiden Name Elizabeth Stiles
15. Birthplace Vermont

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or crematory Wash. D.C.
Location

18 (a) Funeral director Jos. Gawler's Sons
(b) Address 1518 20th St. N.W. Wash. D.C.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1941, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1940 to Jan. 24 1941 and that I last saw him alive on Jan. 24 1941.

Immediate cause of death	Duration
Myocardial degeneration and fibrosis	Unknown
Due to Arteriosclerosis, general	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As a bove

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U.S. Marine Hospital Date signed 1-25-41

76803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-e ✓ Registered No. E 76803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3532 Ellerslie Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) #####
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Ellerslie Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Louis A. Brandt

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-6998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Hemmeter
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan. 3th, 1882

8. AGE: Years	Months	Days	If less than one day
59	0	20	..... hr. ..... min.

9. Birthplace Baltimore, Md.,
(Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Clothing Mfg.

FATHER
12. Name George W. Brandt
13. Birthplace Baltimore Md.,

MOTHER
14. Maiden Name Anna Amer
15. Birthplace Baltimore, Md.,

16 (a) Informant Mrs. Katherine Brandt (Wife)
(b) Address 3532 Ellerslie Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27th, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Md.,

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JAN 25 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 1215 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Jan 23 1941, and that I last saw him alive on Jan 23 1941.

Immediate cause of death Cardiac decompensation — Duration 12 months
Due to Coronary thrombosis — 12 months
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature George M. Berke, M. D.
Address 2435 Maryland Ave Date signed 1/23/41

VS 2

F 76804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

15 ✓

F 76804

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 163 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 McCulloh St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Mack (58462) ✓

3 (b) If veteran, name war .....

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1909

8. AGE: Years	Months	Days	If less than one day
31	4	29	..... hr. ..... min.

9. Birthplace Fla.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business .....

FATHER
12. Name Charlie
13. Birthplace Fla.

MOTHER
14. Maiden Name Sally Long
15. Birthplace Fla.

16 (a) Informant Hospital Records
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JAN 25 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1941, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17, 1940, to Jan. 23, 1941, and that I last saw him alive on Jan. 23, 1941.

Immediate cause of death	Duration
Enteritis and peritonitis	.....
Due to Tuberculosis.	8 mo.
Due to	.....
Other Conditions	.....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Martha Hennard M. D.
Address Balto. City Hospitals Date signed 1-23-41

F 76805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P ✓ F 76805

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 258 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Edward Lane (55546)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1895

8. AGE: Years	Months	Days	If less than one day
44	11	27 24	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Eddie W. Lane
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Hart
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26/1941 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Va.

18 (a) Funeral director Frederick R. Cole
(b) Address 2100 W. Lombard St.

19 JAN 25 1941 (Date rec'd by registrar) (by) Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1941, at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1940, to Jan. 24, 1941, and that I last saw him alive on Jan. 24, 1941.

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs
Pulmonary emphysema
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martha Leonard M. D.
Address Balto. City Hospitals Date signed 1-24-41

VS 3

E 76806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 76806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 S. Highland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horace B Tilton

3 (b) If veteran, name war

3 (c) Social Security Account No. Roll call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carrie Tilton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5, 1874

8. AGE: Years	Months	Days	If less than one day
66	10	20	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Horace Tilton
13. Birthplace Md.

MOTHER
14. Maiden Name Janeth Wier
15. Birthplace Md

16 (a) Informant Mrs Carrie Tilton
(b) Address 315 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1941 (month) (day) (year)
(c) Cemetery or crematory Sorrain
Location Woodlawn

18 (a) Funeral director C. Harry Weer
Address Ivy Leaville Md

19 (a) JAN 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 2½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H M Handelsman M.D. Medical Examiner.
Date signed 1/25/41

VS 6

76807

X ✓ F 76807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 1/2
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William L. Hoffman ✓

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. Call ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia S. Hoffman

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Nov. 11. 1878

8. AGE: Years 66 | Months 2 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Cigar Maker

11. Industry or business: Self

FATHER
12. Name: Jacob Hoffman
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine Ritzer
15. Birthplace: Maryland

16 (a) Informant: Julia S. Hoffman
(b) Address: Manchester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 28 - 41 (month) (day) (year)
(c) Cemetery or crematory: Cemetery
Location: Manchester Md

18 (a) Funeral director: Jacob Winks Sons
(b) Address: Manchester Md
Huntington Williams, Mgr.

19 (a) 1941 (Date rec'd by registrar) (b) [illegible] Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 25 1941, at 7:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1941, to 1-25 1941, and that I last saw him alive on 1-25 1941.

Immediate cause of death: Cardiac Failure — Duration: 1 wk

Due to: Degen Cardio-Vas disease

Due to: .....

Other Conditions: Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....

Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature: Judson Parlow M. D.
Address: St Agnes Hosp Date signed: 1/25

F 76808

76808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 05A
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 S Paca St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E Redmond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of ~~husband~~ or wife Sallie L Redmond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 - 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	9	1		

9. Birthplace Boston Mass. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Redmond
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Carl & Robert Redmond
(b) Address 828 S Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Blvd
(d) Funeral director Jos Joerdens & Son
(e) Address 1927 Park Ave

19 (a) JAN 25 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941 at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Handelsman M.D. Medical Examiner.
Date signed 1/27/41

76809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 76809

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Gilmore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Gilmore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Hayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Hayes
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 4, 1864

8. AGE: Years 76 | Months 6 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Edward Hayes
(b) Address 420 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1941 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location Arbutus Md.

(a) Funeral director Mrs. B. A. Ellis & Daughter
(b) Address 1129 N. Carrollsie St

19 (Date rec'd by registrar) (b) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to Jan 23 1941, and that I last saw h[illegible] alive on Jan 22 1941.

Immediate cause of death: Chronic Pyelonephritis — Duration 2 yrs

Due to:

Due to:

Other Conditions: Chronic Valvular Cardiac disease — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J. Myers, M. D.
Address 1429 E. Monument St Date signed 1/24/41

F 76810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8/a

F 76810
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1167 Hanlicoke St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Menkemeier Birth # F15496

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	4		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business none

FATHER
12. Name William Menkemeier
13. Birthplace Balto Md

MOTHER
14. Maiden Name Emma Bauer
15. Birthplace Balto Md

16 (a) Informant William Menkemeier
(b) Address 1167 Hanlicoke St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location .....

18 (a) Funeral director Ambrose, Inc
(b) Address 414 W Franklin St Rd Huntington Williams, Md

19 (a) JAN 25 1941 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1941, at 3 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1941 to Jan 29 1941, and that I last saw ..., alive on Jan 29 1941.

Immediate cause of death Pneumococcal Meningitis — Duration .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature William J Lupik
Address St. Joseph's Hospital Date signed 1/29/41

VS 3

76811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76811
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Henry Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West Virginia (b) County
(c) City or town Oxford (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade Shepler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lizzie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1878

8. AGE: Years	Months	Days	If less than one day
62	10	17	hr. min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name George Shepler
13. Birthplace W. Virg.

MOTHER 14. Maiden Name Mary Bean
15. Birthplace W. Virg.

16 (a) Informant (Wade Shepler)
(b) Address Henry Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory Oxford
Location Oxford, W. Virginia

18 (a) Funeral director Stewart Mowrer Company
(b) Address 108 W. North Ave.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 25 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 4 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of esophagus — Duration

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D. Medical Examiner.

Date signed 1/25/41

76812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F-76812 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days) 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 W. Lombard ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Ennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph T. Ennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21- 1868

8. AGE: Years	Months	Days	If less than one day
72	4	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name John Angler
13. Birthplace Europe

MOTHER
14. Maiden Name Annie ?
15. Birthplace Europe

16 (a) Informant Son - Joseph Ennis
(b) Address 949 W - Lombard ST.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/27/1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director John J. Cowan & Son
(b) Address 2 W. Fayette St.

19 (a) JAN 25 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan - 24 1941, at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17- 1941, to Jan 24 1941, and that I last saw her alive on Jan 24 1941.

Immediate cause of death Pulmonary Edema — Duration 12 hours
Due to Congestive Heart Failure — 6 months
Due to Arteriosclerotic (Heart disease) — 2 years
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reuben Rosenbush M. D.
Address 1717 Georgia Ave Date signed Jan - 24 1941

V8 3

Spec.—1-12-28—M&T—500 Bks.

76813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76813

CERTIFICATE OF DEATH.

1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 BEAUMONT AVE ST., 27TH (WARD) 0

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS CATHERINE MAGUIRE

(a) RESIDENCE NO. 706 BEAUMONT AVE ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of MR. John Joseph Maguire

6 DATE OF BIRTH (month, day, and year) DEC 6, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Piedmont West Virginia

PARENTS

10 NAME OF FATHER Mallachy Shaughnessy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret CAHILL

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant MISS Helen Maguire

(Address) 706 Beaumont Ave.

15 Filed JAN 25 1941 19 Huntington Williams & Hill

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 24 1941

17

I HEREBY CERTIFY, That I attended deceased from JAN. 1929 to JAN 24 1941

that I last saw her alive on Jan 22 1941

and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows: and Hypertensive

ARTERIOSCLEROTIC ~~Card~~ Cardio Vascular Disease

Chronic Myocarditis. Cardiac Failure

(duration) 12 yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Raymond Peters, M. D.

19 (Address) 1127 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NEW CATHEDRAL — DATE OF BURIAL 1/27/1941

20 UNDERTAKER John J. Moran — ADDRESS E Baltimore

F 76814

391560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-B

F 76814

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7.5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Anne Arundel

(c) City or town ANNAPOLIS (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 College Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Haste

3 (b) If veteran, name war 1

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-01

8. AGE: Years	Months	Days	If less than one day
39	11	5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation JANITOR

11. Industry or business

FATHER

12. Name

13. Birthplace Md

MOTHER

14. Maiden Name MARY HASTE

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan. 28 1941 (month) (day) (year)

(c) Cemetery or crematory Druid Hill Cemetery

Location On Washington Boulevard outside Annapolis

18 (a) Funeral director Chas H. Allen

(b) Address 143 & 145 Park Place

19 (a) JAN 25 1941 (b) Signature of Local Registrar Williams M.D.

(Date received by Local Registrar)

JAN 25 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 25 1941, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 13 1941, to JAN 25 1941, and that I last saw h IM alive on JAN 25 1941.

Immediate cause of death Cardiac Collapse — Duration At least two months

Due to Carcinomatosis involving Stomach, Esopagus, Skin etc. — Duration Carcinoma ? by history

Due to Generalized Cachexia

Other Conditions Thrombophlebitis of both iliac + Femoral veins (Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma, metastatic stomach To Skin

Of autopsy Carcinoma stomach, Pleural Effusion, pericarditis, femoral thrombosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James Monroe Mason III M. D.

Address Johns Hopkins Hospital Date signed 1/25/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 76815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76815

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 2
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Franklin
(c) City or town Waynesboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mt Airy ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Mamie Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: William Wise
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 3 1895

8. AGE: Years 46 | Months 0 | Days 22 | If less than one day: hr. ..... min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Whittington
13. Birthplace Va

MOTHER
14. Maiden Name Dula Miller
15. Birthplace Va

16 (a) Informant William Wise
(b) Address Waynesboro Pa

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)
(c) Cemetery or crematory Burns Hill
Location Waynesboro Pa

18 (a) Funeral director Walter Y Grove
(b) Address Waynesboro Pa

JAN 28 1941

(b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-41 19 ..., at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23-41 19 ..., to 1-25-41 19 ..., and that I last saw h[illegible] alive on 1-25 19 41.

Immediate cause of death Generalized carcinomatosis.
Brain, Liver & bones.
Due to Carcinoma of breast

Due to .....

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration
6 wks
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Francis M Laughlin M. D.
Address University Hospital Date signed 1-26-41

Huntington Williams, M.D.

VS 3

F 76816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76816

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2616 Cold Spring Lane (If rural give location) 16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Sherman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-7737

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1883

8. AGE: Years	Months	Days	If less than one day
57	2	20	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Brewer Work

11. Industry or business

FATHER
12. Name David Sherman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Sherman
15. Birthplace Russia

16 (a) Informant David Sherman
(b) Address 2616 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 28 1941 (Date received by registrar) Hattie Worthington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1941, to 1/25 1941, and that I last saw him alive on 1/25 1941.

Immediate cause of death Pulmonary Edema — Duration 2 days

Due to Heart Failure

Due to Arteriosclerotic Heart Disease

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel V. Tompkins M.D.
Address Same Date signed 1/25/41

F 76817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a Registered No. F 76817

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinia Hospital
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Aisquith St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Joseph

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73 72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Morris Kissel
13. Birthplace Russia

MOTHER
14. Maiden Name Toba ?
15. Birthplace Russia

16 (a) Informant Saul Joseph
(b) Address 112 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1941 (month) (day) (year)
(c) Cemetery or crematory Bnai Isreael Cemetery
Location Southern Ave
Sol Levinson & Bros
18 (a) Funeral director
(b) Address 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) JAN 26 1941 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 12 5 1941 at 4P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 12 3 1941 to 1 12 5 1941, and that I last saw her alive on 1 12 5 1941

Immediate cause of death cerebral hemorrhage — Duration
Due to hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Kushi
Address Silver Spring Md. Date signed 1 12 41 (M. D.)

F 76818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 76818 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St

(c) Hospital or institution: Sp Balt Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12

(e) Length of stay in Baltimore (yrs., mos., or days) 41yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3631 Cottage St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Mr Louis Gordon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White.	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
52			..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Cleaning & Pressing

11. Industry or business own Business

FATHER

12. Name Simon P. Gordon

13. Birthplace Russia

MOTHER

14. Maiden Name Yetta Steinberg

15. Birthplace Russia

16 (a) Informant Mrs Yetta Gordon

(b) Address 3631 Cottage ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/41 (month) (day) (year)

(c) Cemetery or crematory Southern ave

Location Southern ave

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W North ave

19 (a) ..... (Date rec'd by registrar) (b) Waiting for Medical Certificate

JAN 26 1941

VS. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1941, at 5:48 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1940, to 1-24 1941, and that I last saw him alive on 1-24 1941.

Immediate cause of death Peptic Ulcer - Bleeding — Duration .....

Due to ..... — .....

Due to ..... — .....

Other Conditions Toxic Dermatitis Manual Intoxication. — .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature A. M. Sinai M. D.

Address Louis Gross. Jun 4 Date signed 1-24-41

F 76819 F 76819

Branch 2-79
Florence Appelfeld Seat

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 96 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1543 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Margolis
3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-03-8967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66 65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Montica Margolis
13. Birthplace Russia

MOTHER
14. Maiden Name Sima
15. Birthplace Russia

16 (a) Informant Albert Margolis
(b) Address 1543 N. Payson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/41 (month) (day) (year)
(c) Cemetery or crematory Workmen's Circle Cemetery
Location Mt Carmel Road
18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

JAN 26 1941 (a) (b)
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1941 to 1-25 1941, and that I last saw h.im alive on 1-25 1941.

Immediate cause of death Uraemia — Duration

Due to ?

Due to

Other Conditions P.O. Amputation left leg-
Thrombosis of popliteal aneurysm
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1) Occlusion of popliteal aneurysm.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Welder M. D.
Address Sinai Hospital Date signed 1-25-41

F 76820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33

F 76820

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 635 W Saratoga St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 2

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 635 W. Saratoga St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmelo Tumminello

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rose Tumminello

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years 68 | Months | Days | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name ? Tumminello

13. Birthplace Italy

MOTHER 14. Maiden Name not known

15. Birthplace Italy

16 (a) Informant Miss Tumminello

(b) Address 3059 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1941 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John F. Grebhaucker Jr

(b) Address 423 S. Paca St.

19 (a) JAN 26 1941 (Date received by registrar) (b) Huntingtown Md. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1941, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan. 18 1941, and that I last saw him alive on Jan. 18 1941.

Immediate cause of death: Broncho-Pneumonia — Duration: 9 days

Due to

Due to

Other Conditions: Influenza. — 1 week.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. A. Tumminello

Address Medical Arts Bldg Date signed Jan 26/41

Twillie T White

F 76821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 31-13

F 76821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1202 Edmondson Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1202 Edmondson Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Twillie Thomas White

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-2804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	married

6 (b) Name of husband or wife Mattie R. White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7-1884

8. AGE: Years	Months	Days	If less than one day
56	7	15	hr. min.

9. Birthplace Annandale, Va

(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER

12. Name Jas. T. White

13. Birthplace Annandale Va.

MOTHER

14. Maiden Name Mary Stubbs

15. Birthplace Annandale Va.

16 (a) Informant Mattie R. White

(b) Address 1202 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)

(c) Cemetery or crematory

Location Oxancock, Va.

18 (a) Funeral director Mrs. Guy H. Holland

(b) Address 163 Druid Hill Ave

JAN 26 1941 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1941, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 16 1941, to January 22 1941; and that I last saw him alive on January 21, 1941.

Immediate cause of death	Duration
Chronic Nephritis	about 1 yr
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Petterson M. D.

Address 817 Hamilton Ter Date signed

VS 3

F 76822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 76822

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
City or town Sykesville Md.
(If outside city or town limits write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Marvin Bellis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23-1940

8. AGE: Years	Months	Days	If less than one day hr	min
	8	2		

9. Birthplace Sykesville, Carroll Co, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Lacy Bellis
13. Birthplace Md.

MOTHER
14. Maiden Name Mamie Cutsail
15. Birthplace Md

16 (a) Informant Roland Bellis
(b) Address Sykesville, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-28-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Springfield
Location Sykesville Md

18 (a) Funeral director Harry Mears
(b) Address Sykesville Md

19 (a) JAN 26 1941 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-1941, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, thereon and from the evidence obtained by said Autopsy, find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-25-41
(c) Where did injury occur? Westminster Road, Carroll Co, Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Collision of two automobiles

23. Signature Howard J. Bluestein M.D.
Medical Examiner.
Date signed 1-26-41

(over)

F 76823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 76823 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 E Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 E Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John. F. Oberle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Anna Oberle
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Aug 25 1855

8. AGE: Years	Months	Days	If less than one day
85	4	3029	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Retired. Carpenter
11. Industry or business

FATHER
12. Name Jacob Oberle
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany.

16 (a) Informant Mrs Anna Oberle
(b) Address 219 E Fort Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.
18 (a) Funeral director Barnard & Hartle
(b) Address 121 E West St
19 (a) (b) Huntingtown Williams M.D.

JAN 26 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1941 at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 24 1941, and that I last saw h alive on Jan 23 1941.

Immediate cause of death: Myocardial Insufficiency. — Duration

Due to

Due to

Other Conditions: Arteriosclerosis. Hypertension. Congestion.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schwenk
Address 1337 S. Charles St Date signed 1/25/41

76824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No. E 76824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 W Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Mrs. John Henry) LILLIAN M. HENRY

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Mr. John Henry
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) July 20, 1888
8. AGE: Years 52 | Months 6 | Days 4 | If less than one day: hr. min.
9. Birthplace NEW YORK CITY (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Charles Smith
13. Birthplace NEW YORK City

MOTHER
14. Maiden Name LILLIAM JONES
15. Birthplace NEW YORK City

16 (a) Informant JOHN HENRY
(b) Address 1837 W. FAIRMOUNT AVE
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 27-41 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTIMORE MD
18 (a) Funeral director Pratt & B. M. Walters
(b) Address Pratt & Stricker Sts
19 (a) (b)

JAN 28 1941
(Date received by registrar)
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-41 19 . at 7 00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22- 1941, to 1-24 1941, and that I last saw her alive on 1-24 1941.

Immediate cause of death
Respiratory collapse
Due to Cerebral hemorrhage

Duration
19 hrs.

Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 1-27-41

F 76825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 76825 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 E Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Carey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-1859

8. AGE: Years	Months	Days	If less than one day
81	2	25	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Carey
13. Birthplace Balt Md

MOTHER
14. Maiden Name Mary A Logan
15. Birthplace Ireland

16 (a) Informant Joseph Iqueschin
(b) Address 1232 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Buck
(b) Address 5305 Harford Rd

19 (a) Date received by local registrar JAN 26 1941 (b) Huntingtown Williams Md Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 2:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to Jan 24 1941, and that I last saw him alive on Jan 23 1941.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Tuttenuer M. D.
Address 2324 Reinstertown Rd Date signed 1/27/41

F 76826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 76826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Wilson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Wilson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Bowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Alvin Bowman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 - 1851

8. AGE: Years	Months	Days	If less than one day
89	3	23	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John R. Reynolds
13. Birthplace Va

MOTHER
14. Maiden Name Jane Faulkner
15. Birthplace Va.

16 (a) Informant Gene Schramm
(b) Address 2604 Wilson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Morland
Location Leonard Town
18 (a) Funeral director Leonard Town
(b) Address 5305 Harford Rd
19 (a) JAN 26 1941 (Date rec'd by registrar) (b) Huntington Hillcrest, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940 to Jan 24 1941, and that I last saw h[illegible] alive on Jan 23 1941.

Immediate cause of death: Chronic Myocarditis — Duration 2 years
Due to Chronic Endocarditis — 3 years
Due to Syphilis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury None

23. Signature L. K. Gordy M.D.
M. D.
Address 5706 Harford Road Date signed 1-25-41

F 76827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-a

F 76827
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6108 Bertram ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6108 Bertram ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Isabel Bunkerd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Chester E. Bunkerd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7 1902

8. AGE: Years	Months	Days	If less than one day
38 39	11	18	hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Joseph K. T. Meads
13. Birthplace md

MOTHER
14. Maiden Name Sarah A. Hamain
15. Birthplace md

16 (a) Informant Chester E. Bunkerd
(b) Address 6108 Bertram

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Ruck
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 11 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1940, to 1-25 1941, and that I last saw her alive on 1-25 1941.

Immediate cause of death Generalized metastasis

Due to Hypernephroma, right

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hypernephroma, right
Of autopsy

Duration: 2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W Bazeley M. D.
Address 1531 E North Ave Date signed 1/26/41

F 76828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 a

Registered No. F 76828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. city
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Hanover
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mc Mahon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Mc Mahon
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary McMahon
15. Birthplace Ireland

16 (a) Informant J. P. galvin Jr.
(b) Address 1275 Battery ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 (a) (Date rec'd by registrar JAN 26 1941) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at [redacted] M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941, to Jan 25 1941, and that I last saw her alive on Jan 24 1941.

Immediate cause of death (Cerebral Hemorrhage — Duration 17 days)
Due to
Due to
Other Conditions General + cerebral arterio sclerosis — 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weitel, M. D.
Address 226 Hanover St Date signed 1/25/41

F 76829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-B

Registered No. F 76829

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 6730 Baston Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Rose Marie McFeaters Birth # 22385

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 17 1941

8. AGE: Years	Months	Days	If less than one day
0	0	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name John McFeaters

13. Birthplace Penna.

MOTHER 14. Maiden Name Mary F. O'Donnell

15. Birthplace Penna.

16 (a) Informant Mrs. Rose McFeaters

(b) Address Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)

(c) Cemetery or crematory Oakland

Location East Md.

18 (a) Funeral director Simon A. Finley

(b) Address Sollers Point & Fayette

19 (a) (Date rec'd by registrar) JAN 26 1941 (b) Huntingtown, Calvert County, Md.

Vs 5.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1941, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25- 1941, to 1-25 1941, and that I last saw h[illegible] alive on 1-25 1941.

Immediate cause of death

Due to

Due to Spinal Bifida — Duration: 8 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None performed

Of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. D. McClung M. D.

Address Mercy Hosp. Date signed 1-25-41

F 76830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓F 76830

172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 - 40th Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

✓

3 (a) FULL NAME Pearl Joseph Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	20	hr. min.

9. Birthplace Maine
(Town, county, and state)

10. Usual Occupation Seaman - 1st Mate

11. Industry or business

FATHER
12. Name Young
13. Birthplace Maine

MOTHER
14. Maiden Name Ross Nelson
15. Birthplace Maine

16 (a) Informant Mrs Mary Young
(b) Address 2914 - 40th Ave N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-41 (month) (day) (year)

(c) Cemetery or crematory Calvary Cemetery
Location New York

18 (a) Funeral director William Cook
(b) Address 1217 54 Pavel Street Huntington Williams, N.Y.

19 (a) (Signature of Registrar) (b) Registrar

JAN 28 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 25 - 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bronco-pneumonia
Emphysema
Acute Edocarditis Rheumatic

Due to Fractured ribs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes - above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 29 - 1940
(c) Where did injury occur? Patapsco River S.S.L.Y.C.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? yes
(Specify type of place)
(e) Means of injury Shot - rifle ammo a long boat hook on deck.

23. Signature Howard J. Cleveland M.D.
Medical Examiner.

Date signed 1 - 26 - 41

F 76831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-41 Registered No. F76831

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 West Bishop St apt 4
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 W. Bishop Rd apt 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irma Anderson Brooks

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Separated

6 (b) Name of husband or wife Herman Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1909

8. AGE: Years	Months	Days	If less than one day
31	6	5	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Samuel Anderson
13. Birthplace Virginia

MOTHER
14. Maiden Name Madeline Ba Cade
15. Birthplace Tenna

16 (a) Informant Dorothy Anderson
(b) Address 320 Hawthorne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Baltimore Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul St

JAN 26 1941 (Date rec'd by Registrar) Interring by Williams Cook Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 5:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/24/41
(c) Where did injury occur? 2 W. Bishop St - apt 4 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas burner gas stove heater

23. Signature W. H. Vandegrift M.D. Medical Examiner.
Date signed 1/24/41

F 76832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 76832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 Maine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ella Ward

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 25th 1850
8. AGE: Years 90 | Months 5 | Days 29 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Edward John Ward
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary France
15. Birthplace Balto Md.

16 (a) Informant E. John Ward
(b) Address 2919 Mt Holly st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/27/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

JAN 26 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24th 1941, at 6:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 24 1941, and that I last saw her alive on Jan 24th 1941.

Immediate cause of death
(a) Myocardial insufficiency.
Due to Senescence + Chest deformity.
Due to
Other Conditions (a) Upper respiratory infection
(Include pregnancy within 3 months of death)

Duration: 4-5 h. own 4 years 9 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carroll Rockard M. D.
Address 2925 N Charles St Date signed 26 Jan 41

F 76833
392050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 76833
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 S. Charles (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Price

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-15

8. AGE: Years 25 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Invalid
11. Industry or business

FATHER
12. Name Charles Price
13. Birthplace Md

MOTHER
14. Maiden Name Jeannette Kyle
15. Birthplace Md

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location Balto Md
18 (a) Funeral director Williams Cork
(b) Address 217 st Paul
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JAN 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 24 1941, at 11 57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 23 1941, to JAN 24 1941, and that I last saw him alive on JAN 24 1941.

Immediate cause of death Myocardial Failure — Duration: Two months

Due to Cardio-vascular-renal disease

Due to Hypertension - Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sam P. Asper Jr. M. D.
Address Johns Hopkins Hospital Date signed 1-25-41

F 76834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

Registered No. F 76834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1772 E.North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1772 E.North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E.Heron

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
------	212-10-3744	Female	Wht.	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct.13,1877

8. AGE: Years	Months	Days	If less than one day
63	3	11	..... hr. ..... min.

9. Birthplace Balto.Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md.Causalty Co.

FATHER
12. Name Alexander Heron
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah E.Rice
15. Birthplace Balto.Md.

16 (a) Informant Miss. Grace Heron
(b) Address 1772 E.North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.27,1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto.Md.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by Registrar) Huntington Williams, M.D. Registrar
JAN 26 1941

MEDICAL CERTIFICATION A

20. DATE OF DEATH Jan.24 1941 at 4.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1940 to Jan. 24 1941 and that I last saw h.m. alive on Jan. 23 1941.

Immediate cause of death Cardiac Dilatation — Duration 2 days

Due to Myocardial Degeneration and — 3 years

Due to General Arterio Sclerosis

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Albert Greenberg M.D.
Address 2025 E. North Ave. Date signed 1-26-41

76835

HEALTH DEPARTMENT—CITY OF BALTIMORE

76835

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH 1016

CITY OF BALTIMORE: (No. 1016 W. Saratoga ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1016 W. Saratoga St., 18-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wesley Johnson

6. DATE OF BIRTH (month, day, year): Oct 3rd 1874

7. AGE: Years 61 | Months 3 | Days ..... | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Akin S.C.

FATHER

13. NAME: Isaiah Brown

14. BIRTHPLACE (city or town) (State or country): Akin S.C.

MOTHER

15. MAIDEN NAME: Charlotte ?

16. BIRTHPLACE (city or town) (State or country): Akin S.C.

17. INFORMANT: Samuel Johnson

(Address) 1016 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Orangeburg S.C. Date Jan 26, 19 41

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED ..... 19 .....

(Signature of Registrar)

JAN 20 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/24 , 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1940 to Jan 24th 1941

I last saw her alive on Jan 24th 1941. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis with Hypertension.	1/20th
Interstitial Nephritis	12/20th

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gregory M. D.

(Address) 529 N. Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76836 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Philadelphia Pike (If rural give location)
Columbia Pike / Howard Co
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Wm Arnold Burial # F 21199

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 23-1940

8. AGE: Years — | Months 1 | Days 32 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Arnold
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Annie Bond
15. Birthplace Balto Md.

16 (a) Informant James Arnold
(b) Address Columbia Pike Howard Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-1941 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George L. Johnson
(b) Address 2121 Frederick Ave

19 (a) ..... (Date received by registrar) (b) Burial permit issued by Dunnington-Williams Co. Funeral Director

JAN 26 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1941, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1941, to 1-25- 1941, and that I last saw h~~im~~ alive on 1-25- 1941.

Immediate cause of death Marasmus — **Duration**

Due to Undetermainable causes

Due to

Other Conditions Healed breast abscess.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Gibbs M. D.

Address University Hosp. Date signed 1-26 41

F 76837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 76837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4205 Glenarm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Glenarm Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clonore B. Loos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~ Emil J. Loos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1857

8. AGE: Years 88 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Conrad Becht

13. Birthplace Germany

MOTHER 14. Maiden Name Louise Pletsch

15. Birthplace Germany

16 (a) Informant Mrs. Wm. Hooper

(b) Address 4205 Glenarm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director E. J. Gaynor & Son

(b) Address 1938 E. Lafayette Ave

19 (a) JAN 26 1941 Date rec'd by Registrar (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24th 1941, at 4a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to Jan 24 1941, and that I last saw h alive on 19

Immediate cause of death	Duration
Myocardial Insufficiency	1 wk.
Due to Chronic myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Hooper
Address 4205 Glenarm Date signed 1/24/41 M. D.

F 76838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-13

F 76838 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3132 Wilkens Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Mrs. Anna Paul.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	214-01-9090	Female	White	Widow

6 (b) Name of husband or wife Thos. A. Paul
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/17/80

8. AGE: Years	Months	Days	If less than one day
60	7	8	— hr. — min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation — Seamstress
11. Industry or business — Tailoring

FATHER
12. Name ?
13. Birthplace ? Germany

MOTHER
14. Maiden Name ?
15. Birthplace ? Germany

16 (a) Informant Hospital record
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Frederick Ave.

18 (a) Funeral director Johns J. Conner's Son
(b) Address 961 Hollins St.

19 (a) Date received JAN 26 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1941 at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 P., 1940. to Jan. 25 1941. and that I last saw h-- alive on Jan 25 1941.

Immediate cause of death Cancer of stomach.

Duration ?

Due to —

Due to —

Other Conditions Anemia. Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Cancer of duodenum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. M. Collins M.D. M. D.
Address 2025 W. Fayette St Date signed 1-25-41

F 76839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-0 Registered No. F 76839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: St Balt Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Collington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 3 V years

3 (a) FULL NAME Mr Hyman Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
48				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Lady Mfg Jelly

11. Industry or business

FATHER
12. Name Bernard Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah
15. Birthplace Russia

16 (a) Informant Bernard Cohen - Son
(b) Address 107 S. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)

(c) Cemetery or crematory North Pt. & Dundalk Rd
Location Lane

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

JAN 28 1941 (Date rec'd by registrar) (b) Registrar

Huntington Hill Allied Mfg

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26-41 19[illegible] 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941 to 1-26 1941 and that I last saw him alive on 1-26 1941.

Immediate cause of death Acute cardiac failure

Due to Myocardial Degeneration

Due to arteriosclerotic cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Bernstein

Address [illegible] Date signed 1/26/41 (M. D.)

F 76840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. E 76840

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 276

(a) Baltimore City, Maryland

(b) Street address Hurley Ave

(c) Hospital or institution: Convalescent Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 - 2

(e) Length of stay in Baltimore (yrs., mos., or days) 0 - 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 126 No Edew St (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Katie Shapiro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 79 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Alex

13. Birthplace: Russia

MOTHER 14. Maiden Name: not known

15. Birthplace: Russia

16 (a) Informant: Jack Lewis Son

(b) Address: 1429 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 26 41 (month) (day) (year)

(c) Cemetery or crematory: Loud

Location: Rosedale

18 (a) Funeral director: Jack Lewis

(b) Address: 1429 E Balto St

19 (a) Date rec'd by registrar: JAN 28 1941 (b) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Jan 26 1941.

and that I last saw her alive on Dec 18, 1940.

Immediate cause of death: Arteriosclerotic Cardio. vascular disease — Duration: ?

Due to: —

Due to:

Other Conditions: Acute Pulmonary Edema — 10 min

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. A. Swoman M. D.

Address 2340 Eutaw St Date signed Jan. 26, 1941

F 76841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 76841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Cecil Ave.
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Cecil Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne O'Connor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	~~Single~~ Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Nun
11. Industry or business

FATHER
12. Name John
13. Birthplace Ireland.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown.

16 (a) Informant Mother C Rembadt
(b) Address 2007 Cecil ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/41 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location

18 (a) Funeral director Mary M. Friedfeld
(b) Address 2112 Eutaw Pl.

JAN 26 1941 (Date rec'd by registrar) (By) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1940 to Jan 23 1941, and that I last saw h~~e~~r alive on Jan 23 1941.

Immediate cause of death Cerebral Thrombosis — Duration 1 month
Due to
Due to
Other Conditions Generalized arteriosclerosis arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Supple, M. D.
Address St. Joseph's Hosp Date signed 1/26/41

VS 3

F 76842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No. F 76842

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Sp. Balto. Gen. Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Abell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Walter B. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-2791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ELIZ. M. HANNAH WARD
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
40			..... hr. ..... min.

9. Birthplace BALTO. (Town, county, and state)
10. Usual Occupation REPORTER, (NEWS PAPER)
11. Industry or business

FATHER
12. Name JOSEPH WARD
13. Birthplace BALTO.

MOTHER
14. Maiden Name SOPHIA RAY
15. Birthplace BALTO., MD.

16 (a) Informant MRS. W.B. WARD.
(b) Address 3201 ABELL AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/41 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location .....

18 (a) Funeral director Mary M. Shanahan
(b) Address 57 E. [illegible] St.

19 (a) JAN 26 1941 (Local registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1941, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1941, to 1/24 1941, and that I last saw h[illegible] alive on 1/24 1941

Immediate cause of death: Portal Cirrhosis — Duration (a) .....
Due to Arteriosclerotic renal disease. — (b) .....
Due to ..... — (c) .....
Other Conditions Hepatic Insufficiency — (d) .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Aaron Bernstein
Address 3B G/H. Date signed 1/27/41

391949 76843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-A F 76843 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 768 Sixth St SE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Hudgins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-21

8. AGE: Years	Months	Days	If less than one day
19	11	20	hr. min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hoyt Hudgins
13. Birthplace Ala

MOTHER 14. Maiden Name Alice Collis
15. Birthplace Ga

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-26-41 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Chas. S. Barnett, Inc.
(b) Address 301 E. Capitol St. Washington D.C.

19 JAN 26 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 25 1941, at 9:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 21 1941, to JAN 25 1941, and that I last saw HIM alive on JAN 25 1941.

Immediate cause of death	Duration
Lobular Pneumonia	9 days
Post-Operative	
Due to	
Due to	
Other Conditions Brain tumor, malignant glioma	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations Increased intra-cranial Pressure
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Ofenloch M. D.
Address J. H. H. Date signed 1-25-41

76844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 76844

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital 14 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Carroll County
(c) City or town Rural - Mount Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Elizabeth Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10, 1937

8. AGE: Years 3 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Howard County
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Moses H. Ellis
13. Birthplace Surry County, Va.

MOTHER
14. Maiden Name Lilly B. Blackshear
15. Birthplace Southampton Va

16 (a) Informant Moses H. Ellis
(b) Address Mount Airy, Cundl County

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1941 (month) (day) (year)
(c) Cemetery or crematory Poplar Springs
Location Poplar Springs Howard Co

18 (a) Funeral director H. M. Snyder
(b) Address Mt Airy

19 (a) JAN 26 1941 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941 at 5.10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 16 1941 to Jan. 25 1941 and that I last saw her alive on Jan 24 1941.

Immediate cause of death Tuberculosis Meningitis — Duration 3 weeks

Due to Contact

Due to

Other Conditions Spinal Wassaman positive Blood Wassaman - positive
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Pennington Musgrave M. D.
Address Mt Airy Md Date signed 1-25-41

VS 3

F 76845 cc 15988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76845

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals (Jail)

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 26-C Baltimore Street (Fenkell) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Painter

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1852

8. AGE: Years	Months	Days	If less than one day
88	7	23	2 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Don't Know

11. Industry or business

FATHER

12. Name John Painter

13. Birthplace England

MOTHER

14. Maiden Name Hannah Jones

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location East End North Ave

18 (a) Funeral director William Cook

(b) Address 817 St Paul Street

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JAN 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-41 1941, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941, to 1-25 1941, and that I last saw him alive on 1-25 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Cerebral hemorrhage & hemiplegia	?
Due to arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hugo V. Ryzek M. D.

Address Balto. City Hosp. Date signed 1-26-41

F 76846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 76846

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals (Univ)

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 824 Greenmount Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Norman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1875

8. AGE: Years	Months	Days	If less than one day
65	3	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name Joseph

13. Birthplace Md.

MOTHER

14. Maiden Name Anna Doged

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cemetery

Location 3712 O'Donnell Rd

18 (a) Funeral director Edwin W. Conklin & Son

(b) Address 924 E. Lagey St. Huntingtown Williamsport, Md.

JAN 27 1941 (Date Rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24- 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7- 1939 to 1-24- 1941, and that I last saw h alive on 1-24- 1941.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Gen. A-S. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature]

Address State Cl. Hosp. Date signed 1-26-41 M. D.

F 76847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 N

F 76847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Balto. Md. (If outside city or incorporate, write RURAL and give town)
(d) Street No. 1410 Patapsco St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Susan Akers (AKERS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James O Akers
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 23, 1889

8. AGE: Years	Months	Days	If less than one day
51	7	3	..... hr. ..... min.

9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Moore
13. Birthplace Dont know

MOTHER
14. Maiden Name Susan Marshall
15. Birthplace Dont know

16 (a) Informant Oliver Akers
(b) Address 1410 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1941 (month) (day) (year)
(c) Cemetery or crematory Lynday Pk
Location Balto City

18 (a) Funeral director G. Howard Evans
(b) Address 1400 Lebanon St

19 (a) ..... (b) Huntington Williams, M.D.
(Date received by registrar)

JAN 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941 at 10 4/4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14/40 19.... to Jan. 26 1941, and that I last saw h.. alive on Jan 26 1941.

Immediate cause of death Cachexia & malnutrition due to

Due to Lymphosarcoma of Stomach

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Lymphosarcoma of Kidney

Duration
.....
.....
.....
.....
.....
.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Huntington Williams, M.D.
Address 1400 St. Joseph's Hosp. Date signed 1/26/41

Shilman

F 76848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 76848

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days

(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 52

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 N. Calhoun St (If rural give location)

(e) If foreign born, how long in U. S. A.? 52 years.

3 (a) **FULL NAME** Solomon Shilman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Anna

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
66				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocery

11. Industry or business Self Merchant

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Son

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/41 (month) (day) (year)

(c) Cemetery or crematory Balto, Baldwin

Location Belair Rd.

18 (a) Funeral director Jack Finis Inc

(b) Address 1439 E. Baltimore St

19 (a) JAN 28 1941 (Date rec'd by registrar) (b) Interment or Removal

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1941, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1941, to 1/26/41 1941, and that I last saw h[im] alive on 1/26/41 1941.

Immediate cause of death Pulmonary edema from cardiac failure — Duration 20 hours

Due to carcinomatosis primary site undetermined. — Duration 2 years

Due to — Duration —

Other Conditions Cholelithiasis — Duration —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy carcinomatosis, cholelithiasis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert W. Stein M. D.

Address Sinai Hospital Date signed 1/26/41

F 76849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76849 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 Overdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Overdale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Reimer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of wife: late Mary E Richardson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1858

8. AGE: Years 82 | Months 5 | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Supt. Grain Elevator (Retired)

11. Industry or business Penna. Railroad

FATHER
12. Name Unknown Reimer
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles Reimer
(b) Address 523 Overdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) Hunting ton Williams, M.D. Registrar

JAN 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Jan 25 1941, and that I last saw him alive on Jan 25, 1941.

Immediate cause of death: Myocarditis (Chronic) — Duration: 2

Due to Arteriosclerosis — Duration: 2

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 5-4 Druid Park Lane Date signed 1/26/41

F 76850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No.

F 76850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LARGE SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Bond Steadman Apt

(c) Hospital or institution: 111 N. Stricker st

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write RURAL and give town)

(d) Street No. 111 N Stricker St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Barbara Mercer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jesse Mercer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
86	—	—	..... hr. — ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation .....

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Barbara Glasse
15. Birthplace Va.

16 (a) Informant Barbara L. Macgunn

(b) Address Rolling road Relay Md

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof Jan 28 41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location .....

18 (a) Funeral director A. Jones

(b) Address 111 S. Gilmor st

JAN 27 1941 (Date received by registrar) (b) Huntingtn Ave & Williams M.D. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1941 at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1941 to Jan. 25 1941, and that I last saw h 2r alive on Jan. 26 1941

Immediate cause of death Cerebral Thrombosis, left. — Duration 14 hours

Due to Arteriosclerotic Cardio-Vascular Disease — ?

Due to .....

Other Conditions Intestinal Obstruction partial. — 2 weeks
(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature William H. Fusting M.D.

Address 800 Serums Dept. Date signed 1-25-41

VS 3

76851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1931

F 76851
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3317 Egerton Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 82

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Egerton Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Schulte Blume

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. widowed
6 (b) Name of husband or wife J. Henry Blume
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 25 1858
8. AGE: Years 82 Months 7 Days — If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Housework

FATHER
12. Name Henry Schulte
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Whitpenty
15. Birthplace Germany

16 (a) Informant Mrs. August Gothe
(b) Address 3317 Egerton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Robert L. Fendo
(b) Address 2708 Edmondson Ave

JAN 27 1941 (Date received by registrar) (b) Harrington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1940, to Jan. 25 1941, and that I last saw h[illegible] alive on Jan. 25 1941

Immediate cause of death	Duration
Coronary Thrombosis	[illegible] 12/23/40
Due to —	
Due to Chr. Myocarditis	1931
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M. D.
Address 1163 W. North Ave. Date signed 1/26/41

VS 3

F 76852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 76852 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 S. East Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Kimmerle

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Barbara Kimmerle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cooper
11. Industry or business Retired

FATHER
12. Name Bernardt Kimmerle
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Germany

16 (a) Informant Mrs. Minnie Thomas
(b) Address 330 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director H. Sander & Son Inc.
(b) Address North Ave & Broadway

19 JAN 27 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1941, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Jan. 23 1941.
and that I last saw h alive on Jan 23, 1941.

Immediate cause of death: Acute Dilation of Heart — Duration 1 hr.
Due to: Senile Myocarditis — 1 yr.
Due to: Arterio Sclerosis — 6 yrs.
Due to:
Other Conditions: Cancer of cervix and ? — 6 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Hamilton M. D.
Address 2 E. Randall St. Date signed 1/24/41

F 76853

39173 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76853

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mary Fields (MARY ELIZABETH FIELDS)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age: 30? years

7. Birth date of deceased (mo., day, yr.): ~~4-3~~ 3-8-81

8. AGE: Years: 59 | Months: 9 | Days: 21 | If less than one day: hr. min.

9. Birthplace: Balto. Maryland
(Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business:

FATHER
12. Name: John Wolf
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Baker
15. Birthplace: Germany

16 (a) Informant: Records
(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28. '41 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore Md

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.

19 (a) (Date rec'd by registrar) JAN 29 1941 (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 1941, at 2 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to Jan 24 1941, and that I last saw her alive on Jan 24 1941.

Immediate cause of death	Duration
Uremia	
Due to Arteriosclerosis	
Due to	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Diabetic Gangrene left 4 toes. Arteriosclerosis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Arthur T. Ward Jr. M. D.
Address: [illegible] Date signed 1/27/41

F 76854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76854

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 2/3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Division (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Hood Canfield

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife John J. Canfield
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct 1 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	3	24		

9. Birthplace Westminster Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Rachel Aylward
15. Birthplace Calvert Co Md

16 (a) Informant John J Canfield
(b) Address 1313 Division

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)
(c) Cemetery or crematory Antrim
Location Balto Co

18 (a) Funeral director Lord W Chase & Son
(b) Address 638 Gilmor St

19 JAN 27 1941 (Date received by local registrar) (Registrar) Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941 at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1940 to Jan 25 1941 and that I last saw h[illegible] alive on Jan 25 1941

Immediate cause of death Hypertension Cardio-Vascular Disease — Duration 4-5 months
Due to Hypertension
Due to
Other Conditions Cerebral Hemorrhage — Duration 3-4 Weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Geo E McDonald M.D.
Address 844 N Carey Date signed 1/27/41

F 76855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 76855 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORY RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 W. Cross St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Perry

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Clara M. Perry

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1868

8. AGE: Years 72 | Months 3 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Stone repairer

11. Industry or business

FATHER 12. Name Wm. Henry Perry

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Elizabeth Lah

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Clara Perry

(b) Address 1124 W. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/41 (Month), (day), (year)

(c) Cemetery or crematory Mediowvale

Location Washington Blvd

18 (a) Funeral director Fred A. Kramer & Son

(b) Address 1216 N. Charles St

19 (a) Huntington Williams, M.D. Registrar

(Deputy Registrar)

JAN 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1941, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941, to 1/26 1941, and that I last saw h[illegible] alive on 1/26 1941.

Immediate cause of death (a) Bronchopneumonia — Duration

Due to Cerebral Hemorrhage — 1/22/41

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph H Landcastle, M.D.

Address 67 Washington Blvd Date signed 1/29/41

F 76856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No. F 76856

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 So Calhoun st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 So Calhoun st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jean Gibson

Birth # F 16673

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1940

8. AGE: Years	Months	Days	If less than one day
	4	-	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sidney A. Gibson
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mildred Lathe
15. Birthplace Baltimore Md

16 (a) Informant Sidney A. Gibson
(b) Address 410 S. Calhoun st.

17 (a) Burial (b) Date thereof Jan 27 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A Cole
(b) Address 1200 N Lombard st

19 (a) (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 10:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Enlarged thymus	
Due to Coryza	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Blandell Gruff M.D.
Medical Examiner.
Date signed 1/25/41

VS 6

F 76857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76857 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 S. Conkling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Conkling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 8

3 (a) FULL NAME John A. DeVaughn

3 (b) If veteran, name war

3 (c) Social Security Account No. Will call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Sarah F. Fray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1874

8. AGE: Years	Months	Days	If less than one day
66	5	18	hr. min.

9. Birthplace Baltimore Md, (Town, county, and state)
10. Usual Occupation Iron Moulder Retired
11. Industry or business

FATHER
12. Name Silas DeVaughn
13. Birthplace Baltimore Md,

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore Md,

16 (a) Informant Irene Martin
(b) Address 107 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (Date received by registrar) JAN 27 1941 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1941, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1937 19 . to 1-25 19 41, and that I last saw him alive on 1-25 19 41.

Immediate cause of death / Hypertensive Heart Disease — Duration

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Gouldt, M.D.
Address 14 N Eastern ave Date signed 1-26-41
M. D.

VS 3

F 76858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76858

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: University Hos.

(c) Hospital or institution: Medical & Surgical

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Kent

(c) City or town Massey, Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 25

8. AGE: Years 17 | Months - | Days 13 | If less than one day: hr. min.

9. Birthplace Quaker Neck, Kent County, Md.
(Town, county, and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER

12. Name Wm J Coleman

13. Birthplace Queen Anne Co., Md.

MOTHER

14. Maiden Name Annabelle McGinnis

15. Birthplace Queen Anne Co. Md.

16 (a) Informant Wm J. Coleman

(b) Address Queen Anne Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1, 29, 41 (month) (day) (year)

(c) Cemetery or crematory Chester Cemetery

Location Chestertown, Md.

18 (a) Funeral director Marvin Williams

(b) Address Chestertown Md.

19 (a) (Date received by registrar) Washington Williams M.D.

JAN 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1941, to 1-27 1941, and that I last saw him alive on 1-27 1941.

Immediate cause of death: Pulmonary edema — Duration: 12 hrs.

Due to: Chronic glomerulonephritis — Duration: 5 yrs.

Due to: Lobar pneumonia, left.

Other Conditions: Uremia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Francis McLaughlin M. D.

Address University Hospital Date signed 1-27-41

76859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76859 / 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Greene St.

(c) Hospital or institution: University Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24d.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Georgetown Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Georgetown Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Woodall

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife: Justine Woodall

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct 12 - 1883

8. AGE: Years	Months	Days	If less than one day
57	3	14	hr. min.

9. Birthplace Georgetown - Kent Co. Md. (Town, county, and state)

10. Usual Occupation Lumber retailing

11. Industry or business Lumber

FATHER — 12. Name James E. Woodall sr.

13. Birthplace Galena, Maryland.

MOTHER — 14. Maiden Name Josephine Griffith

15. Birthplace Kent Co. Md.

16 (a) Informant Mrs. Justine Woodall (wife)

(b) Address Georgetown Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)

(c) Cemetery or crematory St Anns Cem

Location Middletown - Delaware

18 (a) Funeral director Shawn Williams

(b) Address Chestertown Md.

19 (a) (By) for Williams & Son

(Date received by registrar) JAN 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941, to Jan 26 1941, and that I last saw him alive on Jan 26 1941.

Immediate cause of death: Uremia — Duration 7 days.

Due to: renal shutdown. — over

Due to: Malignant hypertension — 4 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry A Brill M. D.

Address University Hospt Date signed 1-26-41

F 76860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 Dolphin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SOLOMON BROWN

3 (b) If veteran, name war — no
3 (c) Social Security Account No. 213-10-88-98

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Helen Brown
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) June 10, 1895

8. AGE: Years 45 | Months 7 6 | Days 13 21 | If less than one day: hr. min

45-

9. Birthplace: Eastern Shore (Town, county, and state)
10. Usual Occupation: Porter
11. Industry or business: First National Bank

FATHER
12. Name: Solomon Brown
13. Birthplace: Talbot Co. Md

MOTHER
14. Maiden Name: Sarah Warner
15. Birthplace: Kent Co. Md

16 (a) Informant: Mrs Helen Brown
(b) Address: 534 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location: Balto. Md

18 (a) Funeral director: Mrs. Geo. H. Holland
(b) Address: 1631 Druid Hill Ave

JAN 27 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular disease.	
Due to	
Due to	
Other Conditions: no (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner
Date signed 1-24-41

VS 6

F 76861 Conyer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No. F 76861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Louisa D Conyer
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	married

6 (b) Name of husband or wife John E. Conyer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 28, 1871

8. AGE: Years	Months	Days	If less than one day
69	—	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Winslow Davis
13. Birthplace Va.

MOTHER 14. Maiden Name Alice Christmas
15. Birthplace N. C.

16 (a) Informant Anson Davis
(b) Address 1511 Druid Hill
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md
18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave
19 (a) Filed JAN 27 1941 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 9:15 M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941 to Jan 24 1941 and that I last saw h[illegible] alive on Jan 24 1941

Immediate cause of death	Duration
Myocardial Insufficiency	[illegible]
Due to	
Due to	
Other conditions Chronic Cardiac ? Vascular Disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Henry McDonald M. D.
Address 844 N Carey Date signed 1-27-41

F 76862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a

F 76862 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8-S. Benkert Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 8-S. Benkert Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 73 years

20-1

3 (a) FULL NAME Mary A. Hubbard.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: John Hubbard. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 33-1853.

8. AGE: Years: 87 | Months: 10 | Days: 1 | If less than one day: ____ hr. ____ min.

9. Birthplace: England. (Town, county, and state)

10. Usual Occupation: Nurse - "Retired"

11. Industry or business:

FATHER
12. Name: J. Connelly.
13. Birthplace: England.

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: England.

16 (a) Informant: Mrs. Edna Knauff.
(b) Address: 5516 Hill Top Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Jan. 27-41. (month) (day) (year)
(c) Cemetery or crematory: Mount Olivet.
Location: Baltimore - Md.

18 (a) Funeral director: Charles J. Schupb.
(b) Address: 505 N. Monroe, St.

19 (a) (Date received by Registrar) JAN 27 1941 (b) Registered Number: Awaiting for Written

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1941, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1935, to Jan 24 1941, and that I last saw her alive on Jan 23 1941.

Immediate cause of death: Pneumonia Bronchio — Duration: Jan 23 1941
Due to: Influenza — Jan 23 1941
Due to: ____
Other Conditions: Arteriosclerosis Senile
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature: Eliot W. Jahuan M.D.
Address: 3432 Juneway Terr. Date signed: ____

F 76863
38214 SD

F 76863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME
Charles Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	- None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/1/1887

8. AGE: Years	Months	Days	If less than one day
53	5 3	18	..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation laborer unemployed
11. Industry or business

FATHER
12. Name Bud Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ross
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St

19 (a) JAN 27 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1941, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20 1938, to 1-19-1941, and that I last saw him alive on 1-19- 1941.

Immediate cause of death	Duration
Cardiac failure	?
Due to	
Syphilitic Ht. disease	1938
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature J. M. Waghelstein M. D.
Address Balto. City Hosp. Date signed 1-24-41

Josaice A. Cager

F 76861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76864
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address R.F.D. #9 Brooklyn, Md.
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Brooklyn, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #9 Brooklyn, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Josaice A. Cager

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-8383.

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-1913

8. AGE: Years 27 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Elkton Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Cager
13. Birthplace Md.

MOTHER 14. Maiden Name Cora Spencer
15. Birthplace Md

16 (a) Informant Cora Carter
(b) Address Morris Hill. Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

JAN 27 1941
(Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at 7 P M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1941, to 1/25 1941, and that I last saw him alive on 1/25 1941.

Immediate cause of death Multiple Lung Abscess

Due to Influenzal Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration 3 mos (3)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Bernstein, M.D.
Address 2864 Date signed 1/25/41

F 76865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V167

F 76865
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 W. Saratoga (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MADELINE REED

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jesse Reed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1909

8. AGE: Years 31 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Mobile, Ala. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Fletcher
13. Birthplace Ala.

MOTHER
14. Maiden Name M - N Leua ?
15. Birthplace Ala.

16 (a) Informant Jesse Reed
(b) Address 642 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 25 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director W. A. Jackson
(b) Address 916 Pennsylvania Ave

(a) (State registrar) Huntington Williams, M.D.

JAN 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 5.15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Secondary anemia	
Due to Lacerations, multiple entire body.	
Due to	
Other Conditions Cerebral embolism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence January 19, 1941
(c) Where did injury occur? 642 Saratoga St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury slashed with razor

23. Signature H. L. Wallenmeier M.D.
Chief Medical Examiner.
Date signed 1-20-41

VS 6

Spec.—2-29-36—L. P. S.—500 Blks.

F 76866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 76866

1—PLACE OF DEATH 526 S. CHAPELGATE AVE

CITY OF BALTIMORE: (No. (Summit Convl Home ST. 20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ISABELLA HIGINBOTHOM

(a) RESIDENCE NO. 1905 EDMONSON AVE. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

N: B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): SINGLE

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): SEPT 7, 1861

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: AT HOME

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): MARYLAND

PARENTS

10 NAME OF FATHER: JOHN B HIGINBOTHOM

11 BIRTHPLACE OF FATHER (city or town) (State or country): MD.

12 MAIDEN NAME OF MOTHER: FRANCES CLAGETT

13 BIRTHPLACE OF MOTHER (city or town) (State or country): MD.

14 Informant: ANITA ROACHE

(Address): EMPLOYEE THE CITY MD

Filed JAN 27 1941, 19

Huntzicker - Pettiauia, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JAN 25, 1941

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1935, to Jan 25, 1941

that I last saw h[illegible] alive on Jan 20, 1941

and that death occurred, on the date stated above, at 11-42 A m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion with Coronary Thrombosis

(duration) 6 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Electro-Cardiogram

(Signed) H. P. Von Schrader M.D.

(Address) 1818 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 1-29 1941

20 UNDERTAKER: J.C. Higinbothom

ADDRESS: Everett Cite

F 76867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 76867

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. THE MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Wallace St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM FEATERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-3928

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canton Laundries

FATHER
12. Name William Featerson
13. Birthplace S.C.

MOTHER
14. Maiden Name Annie Isaac
15. Birthplace S.C.

16 (a) Informant Mary Jane Cotman (wife)
(b) Address Chester S.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (month) (day) (year)
(c) Cemetery or crematory Chester S.C.
Location SC

18 (a) Funeral director Edwin O Wilson
(b) Address 940 Bryantley Ave

JAN 27 1941 (Date rec'd by registrar)

19 (a) (b) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1941, at 4:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of neck	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan 23, 1941
(c) Where did injury occur? N. E. Police station (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Gunshot wound by

23. Signature H. I. Wallace Jr. M.D.
Medical Examiner.
Date signed 1-24-41

Ed Featerson husband

F/ F 76868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 76868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 672 W Saratoga St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 672 W. Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD SATCHELL

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Lumberyard

11. Industry or business Ship Yard

FATHER
12. Name Edward Satchell
13. Birthplace Accomac Co., Va.

MOTHER
14. Maiden Name Gracie Gye
15. Birthplace A C Comac Co., Va.

16 (a) Informant Grace Milbery
(b) Address 641 S. Crodden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Mt Wmans

18 (a) Funeral director Edw A Wilson
(b) Address 1000 Brantley Ave

19 (a) JAN 27 1941 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941, at 3 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Wallenmeyer M.D. Medical Examiner

Date signed 1-28-41

VS 6

F 76869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46-4

F 76869
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 St. Ambrose Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 St. Ambrose Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 13 years

3 (a) FULL NAME PASQUALE LANCIOTTI

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Fedele Lanciotti

6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): April 13 1878

8. AGE: Years 62 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace: Montorio Al Vomano (Italy)
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: late Francesco Lanciotti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Anna Palma Martigiani
15. Birthplace: Italy

16 (a) Informant: Armando Lanciotti (Son)
(b) Address: 3319 St. Ambrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery: Parkwood Cemetery
Location: Taylor Ave Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

JAN 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1941, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1940 to Jan. 24, 1941 and that I last saw him alive on Jan. 24, 1941.

Immediate cause of death: Carcinoma of Liver — Duration: 1 year

Due to: Carcinoma of Liver

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philip Lanciotti M. D.

Address 2942 E. Fayette St. Date signed 1/27/41

F 76870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

F 76870 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 Belgian Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Maranto Birth # F 16987

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1940

8. AGE: Years | Months: 3 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Tony Maranto
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Regina Waler
15. Birthplace Baltimore Md.

16 (a) Informant Tony Maranto (Father)
(b) Address 810 Balgian Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41 (month) (day) (year)
(c) Cemetery or crematory St. Vincent Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

JAN 27 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1941, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1941, to 1-25 1941 and that I last saw h[illegible] alive on 1-25 1941.

Immediate cause of death: Pneumococcus Meningitis type V — Duration 5 days

Due to: OTITIS Media — 18 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Purulent Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.
Address 2025 N. Fayette St Date signed 1-25-41

VS 3

F 76871 ✓ F 76871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: L. Hughs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E 24th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella Vasilas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nick Vasilas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1892

8. AGE: Years 48 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation At House

11. Industry or business

FATHER 12. Name Wm Lavicas
13. Birthplace Greece

MOTHER 14. Maiden Name Anastasia ?
15. Birthplace Greece

16 (a) Informant Nick Vasilas
(b) Address 321 E. 24th St

17 (a) Woodlawn (b) Date thereof Jan 27 41 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto County

18 (a) Funeral director Albert W Berkey
(b) Address 440 E. North Ave

19 (a) JAN 27 1941 (b) Hunting for Williamsport, Md (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 12:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17, 1941, to Jan 23 1941, and that I last saw [illegible] alive on Jan 23 1941

Immediate cause of death Pulmonary Embolism — Duration

Due to Femoral Hemiplegia — 7 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Femoral Hernia

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Joseph's Hospital
Address 1 E. Joseph St. Date signed 1/29/41 M. D.
P. Connolly

F 76872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76872 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 W. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W. Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Guckert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jean Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1860

8. AGE: Years	Months	Days	If less than one day
80	4 3	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business Dry Goods

FATHER
12. Name John Guckert
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Frenk
15. Birthplace Balto Md

16 (a) Informant Wife
(b) Address 104 W. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Frank V. Pistorino
(b) Address 2515 E. Balto St

19 (a) JAN 27 1941 (Date received by registrar) (b) Attending for Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to Jan 25 1941, and that I last saw him alive on Jan 25 1941

Immediate cause of death: Hypostatic Pneumonia — Duration: 1/23/41

Due to: Chr. Myocarditis — 10/1940

Due to: Arterio Sclerosis — 1932

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bowers M. D.
Address 801 W Kenwood Rd Date signed 1/26/41

F 76873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 76873 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 S. Glover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 S. Glover St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Eleonora Zywicki (Kruszewski)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Kruszewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Howaniec
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Mrs. Gelner
(b) Address 634 S. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozazowski
(b) Address 1930 Eastern Ave.

JAN 27 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25. 1941. at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 25 1941, and that I last saw her alive on Jan 25 1941.

Immediate cause of death: Carcinoma of Stomach — Duration 6 mos.
Internal Bronchopneumonia — Jan 25 1941.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schumunk M. D.
Address 872 S. Eastern · Date signed 1-27-41

F 76874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 76874 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County HOWARD
(c) City or town WOODBINE P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWIN THORNTON LEFFEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	WHT.	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1931

8. AGE: Years	Months	Days	If less than one day
9	11	3	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation STUDENT
11. Industry or business

FATHER
12. Name CLAUDE LEFFEL
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name CATHERINE LEE CHILDRESS
15. Birthplace VIRGINIA

16. (a) Informant FATHER
(b) Address WOODBINE, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29, 1941 (month) (day) (year)
(c) Cemetery or crematory McKendree
Location Nr Catonsville, Howard Co.

18 (a) Funeral director C. M. Waltz
(b) Address Woodbine Md

19 (a) JAN 27 1941 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 26 1941, at 2.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1941, to 1-26 1941, and that I last saw him alive on 1-26 1941.

Immediate cause of death GEN. PERIPH. VASCULAR COLLAPSE

Due to INFLUENZA MENINGITIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 7 DAYS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary R. Hayleck M. D.
Address UNION MEMORIAL HOSPITAL Date signed 1-26-41

F 76875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G

F 76875 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Gwynns Falls Parkway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick T. Dorton

3 (b) If veteran, name war: World

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertha M. Dorton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1872

8. AGE: Years 69 | Months 0 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Attorney.

11. Industry or business

FATHER
12. Name Henry F. Dorton
13. Birthplace Germany.

MOTHER
14. Maiden Name Dollinger
15. Birthplace Germany.

16 (a) Informant Mrs. Bertha M. Dorton.
(b) Address 3307 Gwynns Falls Parkway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Ave. Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Aves.

19 JAN 27 1941 (b) Huntingtop Maryland
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1941, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11 1935, to 1/25 1941, and that I last saw him alive on 1/25 1941.

Immediate cause of death: Carcinoma of Pancreas — Duration: 2 yrs.

Due to

Due to

Other Conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Pancreas
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Edel, M.D.
Address 3403 Forrest Blvd Date signed 1/27/41

F 76876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76876 Registered No. 178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME FREDERICK OR JOHN SIVACK

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-12-6272

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 9a, 1905

8. AGE: Years	Months	Days	If less than one day
35	3	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpenters Helper
11. Industry or business Federal Housing Authority

FATHER
12. Name Richard H. Snack
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Conley
15. Birthplace Baltimore Md

16 (a) Informant Aunt Mrs Wm. Snack
(b) Address 2412 Pennsylvania Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 29-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cathedral
Location Baltimore Md

18 (a) Funeral director Md Funeral Homes
(b) Address 1600 Pennsylvania Ave

19 JAN 27 1941 (Date rec'd by registrar) per [illegible] for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941, at 10:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Jan 26, 1941 15-2
(c) Where did injury occur? Bedroom 1708 N Fulton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Intoxicated - turned gas heater on and failed to light it

23. Signature H. L. Wallenweber M.D.
Medical Examiner.
Date signed 1-27-41

F 76877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 76877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Callaway Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Edward L. Condon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. C

6 (b) Name of husband or wife Sarah E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/1860

8. AGE: Years 80 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Lewis Condon

13. Birthplace Md

MOTHER 14. Maiden Name Emily Kidmare

15. Birthplace D. Hy

16 (a) Informant Mrs Sarah E. Condon

(b) Address 3707 Callaway Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-41 (month, day, year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md

18 (a) Funeral director Thos. J. Fickenscher Sons

(b) Address North & Pa Aves

JAN 27 1941 (Date rec'd by registrar) (b) by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941 at 1:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1940 to 1-27 1941.
and that I last saw her alive on 1-27 1941.

Immediate cause of death Broncho pneumonia

Due to Diabetes Mellitus & Gangrene of Foot

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frederick Johnston Jr. M. D.

Address Md. Gen. Hosp Date signed 1-27-41

VE 2

F 76878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76878

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Blandon

3 (b) If veteran, name war: W.W.

3 (c) Social Security Account No. ? 212-09-6108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife: Alvada Blandon nee Scott
6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): July 31, 1892

8. AGE: Years	Months	Days	If less than one day
48	5	23	hr. min.

9. Birthplace: Anderson, S.C. (Town, county, and state)
10. Usual Occupation: Stevedore
11. Industry or business: American Sugar Refinery

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: Edith Parks
15. Birthplace: S. C.

16 (a) Informant: Records, U.S. Marine Hospital
(b) Address: Baltimore, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Jan 28, 1941 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N Schroeder St
19 (c) Date filed by Registrar: JAN 27 1941 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1941, at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1940 to Jan. 25 1941, and that I last saw h im alive on Jan. 25 1941.

Immediate cause of death	Duration
Miliary Tuberculosis of lungs	6 weeks
Due to	
Due to	
Other Conditions: Pneumoconiosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Thurman M. D.
Address: U.S. Marine Hospital Date signed: 1-25-41

3919 F 76879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E F 76879 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 657 W Franklin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily Beard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - ? - 99

8. AGE: Years	Months	Days	If less than one day
41	7		hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Brask Beard
13. Birthplace N.C.

MOTHER
14. Maiden Name Charlotte Walker
15. Birthplace N.C.

16 (a) Informant Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Mills Registrar, M.D.

JAN 27 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941 at 1 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1941 to Jan 23 1941. and that I last saw h alive on Jan 25 1941.

Immediate cause of death	Duration
Congestive heart failure	4 mos.
Due to Unknown cause	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Klemperer Jr. M.D.
Address Johns Hopkins Date signed 1/24

F 76880

F 76880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Bolton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Bolton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Florien J. Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas R. Dorsey
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
66	---	--	-- hr. -- min.

9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ---

FATHER
12. Name William J. Kallen
13. Birthplace New York State

MOTHER
14. Maiden Name Frances Beebe
15. Birthplace New York State

16 (a) Informant Thomas R. Dorsey
(b) Address 1520 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & August A Ave

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 (a) (Registrar) Huntington Williams M.D.

JAN 27 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941, at 1130 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Jany 26 1941, and that I last saw h er alive on January 26 1941.

Immediate cause of death Arteriosclerosis.
Due to Cerebral Arterio sclerosis, Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury ✓

23. Signature J. J. Kirby M. D.
Address 110 E Northern Date signed 1-26-41

76881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 3rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEE SINGLETON OVERMAN S.S. 230-05-0980

3 (b) If veteran, name war no

3 (c) Social Security Account No. 223-05-0998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Ruby Simpson
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 26, 1901

8. AGE: Years	Months	Days	If less than one day
39	7	2	hr. min.

9. Birthplace Elizabeth City, N.C. (Town, county, and state)
10. Usual Occupation Crane operator
11. Industry or business Bethlehem Steel Sparrows Pt.

FATHER
12. Name Sam Overman
13. Birthplace North Carolina

MOTHER
14. Maiden Name Lulu Whitehurst
15. Birthplace North Carolina

16 (a) Informant Brother Samuel Overman
(b) Address 145 W Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-41 (month) (day) (year)
(c) Cemetery or crematory Old Hollywood
Location Elizabeth City N. Carolina

18 (a) Funeral director Chas G. Blanke
Address 1 W. North Ave.

JAN 27 1941

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1941, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Anaphylaxis	
Due to Bovine serum reaction	
Due to Tetanus (WOOD) in hand	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

OVER

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Puncture wound
(b) Date of occurrence Jan 4th, 1941
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Wallenmeier M.D. (Medical Examiner)
Date signed 1-24-41

VS 6

76882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 V

F 76882 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Dunka Birth # F 7186

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-41

8. AGE: Years | Months | Days | If less than one day: 20 hr. 41 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Newborn
11. Industry or business

FATHER
12. Name Carl Dunka
13. Birthplace Columbus, Texas

MOTHER
14. Maiden Name Eva Carolyn Kahn
15. Birthplace Wayne, Texas

16 (a) Informant Mrs. Eva Dunka
(b) Address 1116 N. Calvert St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 25 1941 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore.

19 (a) JAN 27 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1941, to Jan 25 1941, and that I last saw her alive on Jan 25 1941.

Immediate cause of death: Respiratory failure — Duration

Due to: Prematurity. 6mos — Duration

Due to: fracture — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-25-41

F 76883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 76883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 Greenmount Avenue
(c) Hospital or institution:
Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Greenmount Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Shoemaker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

~~Female~~ Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife John K. Shoemaker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1869

8. AGE: Years 72 | Months | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Henry Meyer
13. Birthplace ?

MOTHER
14. Maiden Name Catherine Hanshen
15. Birthplace ?

16 (a) Informant Records of Southern Hospital
(b) Address 2520 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Bel Air Rd., Balto., Md.

18 (a) Funeral director John Mitchell & Son
(b) Address 1900 Eutaw Place, Baltimore, Md.

19 (a) Filed JAN 27 1941 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26. 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20. 1941 to Jan 26 1941, and that I last saw h alive on Jan 25 1941.

Immediate cause of death Cerebral Hemorrhage. — Duration 6 da.

Due to Arteriosclerosis — Duration years or more

Due to age. —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stuart C. Slade M. D.
Address Medical Arts Bldg. Date signed

F 76884

Monahue

BALTIMORE CITY HEALTH DEPARTMENT

93-D

F 26881

Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles Apts, 3333 N. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. William C. Monahue.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/27/58

8. AGE: Years	Months	Days	If less than one day
82	10	26	— hr. — min.

9. Birthplace Baltimore.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business —

FATHER
12. Name Wm Monahue
13. Birthplace —

MOTHER
14. Maiden Name Catherine Conklin
15. Birthplace —

16 (a) Informant Regina C. Lidard
(b) Address 3401 S. Ellwood ave

17 (a) Burial **(b) Date thereof** Jan 29 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director John Ortwein's Sons
(b) Address 1900 Gilsey Place

19 (a) — **(b)** Huntington Williams M.D.
(Signature of registrar)

JAN 27 1941

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14, 1941, to Jan 26, 1941, and that I last saw him alive on Jan 26 1941.

Immediate cause of death Bronchopneumonia
Arteriosclerosis
Arteriosclerotic Cardiac

	Duration
Due to Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.
Address 2020 W. Fayette St **Date signed** 1-26-41

76885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1435 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Md. Line Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Gemmill.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Pattie Gemmill.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 8, 1863

8. AGE: Years	Months	Days	If less than one day
78	—	18	hr. min.

9. Birthplace Md. Line, Md. - Balto. Co.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Wm P. Gemmill.
13. Birthplace Md. -

MOTHER
14. Maiden Name Dorcas Goonell
15. Birthplace Md. -

16 (a) Informant Mrs. John Adkinson
(b) Address 1465 N. Broadway - Balto. Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan 29 1941 (month) (day) (year)
(c) Cemetery or crematory New Market
Location Md. Line, Md.

18 (a) Funeral director Wendell C. Humphrey
(b) Address 501 N. Broadway

19 JAN 27 1941 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1941, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1941, to 1-26 1941, and that I last saw him alive on 1-25 1941.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Edwards Jr. M. D.
Address 3926 Greenmount Ave. Date signed 1-28-41

VS 3

F 76886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 a

F 76886
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 W. 40th Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. RAY WM. PRITCHARD (Viola)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-6489

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife MR. RAY W. PRITCHARD
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) April 27th 1883

8. AGE: Years	Months	Days	If less than one day
57	8	29	hr. min.

9. Birthplace Emmetsburg, Maryland (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Construction (Building)

FATHER
12. Name Louis Cook
13. Birthplace Maryland.

MOTHER
14. Maiden Name Sarah Scott
15. Birthplace Maryland.

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Govans.

18 (a) Funeral director Wm. Vernon Lennon
(b) Address 4611 Park Heights Av.

19 (a) Date received by Registrar JAN 27 1941 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-41 19 , at 5.55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941, to 1-25 1941, and that I last saw her alive on 1-25 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Hemorrhage	2 days
Due to Hypertension	4 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Talbott Jr. M. D.
Address Union Memorial Hosp. Date signed 1-25-41

76887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓ E 76887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 W. North Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 70yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Louis August Sandlass

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife: Jennie R. Sandlass
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-19-1855

8. AGE: Years	Months	Days	If less than one day
85	2	7	— hr. — min.

9. Birthplace Shrewsbury Pa (Town, county, and state)
10. Usual Occupation Advertising
11. Industry or business Self-employed

FATHER
12. Name William Sandlass
13. Birthplace Germany

MOTHER
14. Maiden Name Anna (Sandlass)
15. Birthplace Germany

16 (a) Informant Mr Louis T. Sandlass (son)
(b) Address 730 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-28-41 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director: STEWART & HOWER COMPANY
(b) Address (Do not abbreviate) 108 W. NORTH AVENUE

JAN 27 1941 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940. to Jan 26 1941.
and that I last saw h/ alive on Jan 26 1941.

Immediate cause of death: Old age — General Arterio-Sclerosis

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 0
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Bacon M. D.
Address 1115 St Paul St Date signed 1/27/41

V8 3

76888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X D-C ✓ Registered No. 76888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W Joppa Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME EDWARD RUSSELL ALLEN

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 216-01-3364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	Married

6 (b) Name of husband or wife: Frances H. Allen
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Nov-22-1905

8. AGE: Years	Months	Days	If less than one day
35	2	4	hr. ____ min.

9. Birthplace Balto Co (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business Engineer Co.

FATHER
12. Name Newton O. Allen
13. Birthplace Balto Co

MOTHER
14. Maiden Name Rosa Heathcote
15. Birthplace Balto Co.

16 (a) Informant Mrs Frances H. Allen (wife)
(b) Address Towson.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 JAN 27 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941 at 6 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage intracranial	
Due to Fracture of skull	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 23, 1941
(c) Where did injury occur? Murdock Rd and Holly Lane Balto Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury Collision of 2 auto cars

23. Signature H. H. Williams M.D.
Medical Examiner.
Date signed 1-27-41

F 76889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. North Rolling Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY JANE RING

3 (b) If veteran, name war none.

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1853

8. AGE: Years 87 **Months** 6 **Days** **If less than one day** hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Ring
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Lindsay
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore.

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. Woodell Suc.)
(b) Address 108 W. North Avenue

19 (a) JAN 27 1941 **(b)** Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941 at 4:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 19 41 to Jan. 27 19 41, and that I last saw h alive on Jan. 26 19 41.

Immediate cause of death Resp. Failure — **Duration**

Due to Pleural Metastases 1 mos +

Due to Carcinoma of Breast

Other Conditions Pleural effusion 1 mos +

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams M.D.

Address Union Memorial Hosp. Date signed 1/27/41

76890 SUMMERS F 76890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert St.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1702 St Paul St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Jane G. Summers

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 7 1866

8. AGE: Years 74 Months 7 Days 19 If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph G. Summers

13. Birthplace Md

MOTHER 14. Maiden Name Martha A. Green

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-41 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director STEWART & HOWEN COMPANY

(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) JAN 27 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1941, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1941 to 1/26 1941, and that I last saw her alive on 1/26 1941.

Immediate cause of death — Duration

Sclerosclerotic Cardiovascular Disease

Due to

Due to

Other Conditions

Carcinoma Hodgkins Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph Edwin Schenthal M.D.

Address Mercy Hospital Date signed 1/26/41.

VS 3

F 76891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V

F 76891 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Adolph Petnic

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Petnic
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1862

8. AGE: Years	Months	Days	If less than one day
79	-	2421	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Frank Petnic
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Mary Becknitz
(b) Address 111 N. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Brach & Son
Address 10 N. Chester St
JAN 27 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at 4:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 25 1941 and that I last saw him alive on Jan 24 1941.

Immediate cause of death — Duration
Coronary Thrombosis — 24 days
Due to Hypertension
Due to Arteriosclerosis
Other Conditions Acute Cardiac Dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. d'Arcy M.D.
Address 111 N. Highland Ave Date signed Jan 26 1941

VS 3

76892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-W

F 76892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 E Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 E Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANTOINETTE SADLO

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Rudolph Sadlo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/13/78

8. AGE: Years	Months	Days	If less than one day
62	8	16	hr. min

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Vaclov Smrcina
13. Birthplace Bohemia

MOTHER
14. Maiden Name Marie Vitcha
15. Birthplace Bohemia

16 (a) Informant Mary Pribyl
(b) Address 2310 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Frank Coach Son
(b) Address 900 N. Chester St.

19 (a) JAN 27 1941 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 8:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinoma of the ovary

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wolbarsht M.D. (and Medical Examiner.)

Date signed 1-26-41

76893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 12 5 3P

F 76893 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: (Bon Secours Hospital)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Harding Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Winkler.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-5564

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clothilda M. Winkler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28th 1900

8. AGE: Years	Months	Days	If less than one day
40	4	28	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John J. Winkler
13. Birthplace Baltimore Co. Maryland

MOTHER
14. Maiden Name Harriet Sterling
15. Birthplace Baltimore Co. Maryland

16 (a) Informant Mrs. Clothilda M. Winkler
(b) Address Middle River Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 JAN 27 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1940 to Jan 26 1941. and that I last saw h.. alive on Jan 26 1941

Immediate cause of death
Acute Multiple hepatic abscesses. — 50 days
Due to (a) Unknown.
Due to
Other Conditions Bilat. Pleurisy (Bases) — 6 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations multiple liver abscesses
Of autopsy Bilat Pleurisy (Bases)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Knight M. D.
Address Bon Secours Hosp. Date signed 1/26/41

F 76894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

Registered No. F 76894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

(a) Baltimore City, Maryland

(b) Street address: Madison & Linden

(c) Hospital or institution: Md. Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)

(d) Street No. 1274 Washington Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Annie R. Warnick

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Harry Warnick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1896

8. AGE: Years 45 Months 0 Days 17 If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name Jackson Barnhouse

13. Birthplace W. Va.

MOTHER

14. Maiden Name Lydia Paugh

15. Birthplace Md.

16 (a) Informant Harry Warnick

(b) Address 1274 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)

(c) Cemetery or crematory Chestnut Grove

Location Piedmont W. Va.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 JAN 28 1941 (Date rec'd by registrar) (b) Huntington, William, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1941, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941 to 1-26 1941 and that I last saw h[illegible] alive on 1-26 1941.

Immediate cause of death: Heart failure — Duration

Due to

Due to

Other Conditions: Bladder tumor; hydronephrosis, hydroureter, bi lateral — Duration: over

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Bladder tumor; hydro ureter & nephrosis, bi lateral

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. Frederick Johnston Jr. M. D.

Address Md General Hosp Date signed 1/26/41

VS 8

Dr. Hawley

F 76895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

F 76895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen M Wise Birth F 11711 X

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 19, 1940
8. AGE: Years | Months: 4 | Days: 8 | If less than one day: hr. min.
9. Birthplace: Baltimore Md
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Charles L Wise
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Nora C Schehane
15. Birthplace: Baltimore Md

16 (a) Informant: Charles L Wise
(b) Address: 310 E Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Md
Location: Baughman Md

18 (a) Funeral director: Milburn & Cook
(b) Address: 1217 Park Ave

19 JAN 28 1941 (b) Huntington Williams M.D.
(Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 4:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1941 to Jan 27 1941, and that I last saw her alive on Jan. 26 1941

Immediate cause of death: Bronchopneumonia — Duration: (3 days)
Due to:
Due to:
Other Conditions: Otis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. E. Cameron M. D.
Address: 1644 Harlem Date signed: 4/27/41

VS 3

F 76896 F 76896

BALTIMORE CITY HEALTH DEPARTMENT

cc 15946 CERTIFICATE OF DEATH 93-P Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Granby st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19 1869

8. AGE: Years 81 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 28 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2 1940, to 1-27 1941, and that I last saw him alive on 1-27 1941.

Immediate cause of death: Bronchopneumonia — Duration 7
Due to Hypostatic C.V.D. — Duration ?
Chronic bronchitis — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard K. Rabbitt M. D.
Address Balto. City Hosp. Date signed 1-27-41

F 76897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76897 46B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: St Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Catherine Sherman

3 (b) If veteran, name war .....
3 (c) Social Security Account No. ~

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 6 1879

8. AGE: Years 61 | Months 6 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business at home

FATHER 12. Name William Dempsey

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Kane

15. Birthplace Ireland

16 (a) Informant Mrs India Gilds Giles

(b) Address 4" Cne Lansdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/41 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Mem Park

Location Washington Blvd.

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) Dec'd [illegible] Registrar (b) JAN 28 1941 Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941 at 1:27 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to 1/27 1941, and that I last saw her alive on 1/27 1941.

	Duration
Immediate cause of death Generalized Carcinomatosis	
Due to	over
Due to	
Other Conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Carcinomatosis general

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Wm T. Mareck M. D.

Address St Agnes Hosp. Date signed 1/27/41

F 76898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 76898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Burel Lee Somers

3 (b) If veteran, name war —

3 (c) Social Security Account No. 2179-05-6412

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mildred A.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 19 1898

8. AGE: Years	Months	Days	If less than one day
42	11	6 11	hr. min.

9. Birthplace Crisfield, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Md. Oyster Packer

FATHER
12. Name Augusta Somers
13. Birthplace Md.

MOTHER
14. Maiden Name Julia F. Ward
15. Birthplace Md.

16 (a) Informant Mrs Lillian P. Collier (Sister)
(b) Address 1017 Light Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/41 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Memorial Park
Location Glen Burnie Md

18 (a) Funeral director William M. Marack
(b) Address 715 Light St

19 (a) JAN 28 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-1941, at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Congestive Right Ventricular Cardiac Failure	
Due to Chronic Myocardial Degeneration	
Due to Acute Gastro-duodenitis	
Other Conditions Acute Congestion - Edema of Lungs and Liver; Splenomegaly (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same - as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 1-26-41

76899
391766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-a Registered No. F 76899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 & 21 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Flynn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-59

8. AGE: Years 82 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Phila, Penn. (Town, county, and state)
10. Usual Occupation Clerks
11. Industry or business Kennedy Iron Foundry Co.

FATHER
12. Name Frank Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Bowes
15. Birthplace Ireland

16 (a) Informant Frederick Bonds
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director Margaret E. Flynn
(b) Address 1422 Light St.

19 (Date rec'd by registrar) Wellington Williams M.D. Registrar

VS 41

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Jan 27 1941, and that I last saw him alive on Jan 27 1941.

Immediate cause of death: arterio sclerotic heart disease & cardiac failure - acute — Duration: 10 yrs.
Due to: arterio sclerotic heart disease — 14 hrs.
Due to: Bronchopneumonia
Cerebral arterio sclerotic dementia
Other Conditions: Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Lemmon
Address Johns Hopkins Hospital Date signed 1/29/41

F 76900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 76900

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5307 Ethelbert Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5307 Ethelbert Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Hugh Durham Gelston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Nellie D. Gelston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1859

8. AGE: Years	Months	Days	If less than one day
81	2	21	hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Hugh Gelston

13. Birthplace Md.

MOTHER

14. Maiden Name Unknown

15. Birthplace Md

16 (a) Informant Mrs. Elsie Groth

(b) Address 5307 Ethelbert ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 28 44 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans st.

JAN 28 1944 (Date filed by Registrar) Signature for William H. P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1936 to Jan 25 1941, and that I last saw h alive on Jan 24 1941

Immediate cause of death Bronco-pneumonia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jack J. Singer

Address 508 E. North Ave Date signed 1/27/44 (M. D.)

VS 3

F 76901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 76901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Sarah Obeck

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1889
8. AGE: Years 52 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Solomon S. Becker
13. Birthplace Russia

MOTHER
14. Maiden Name Shanie Becker
15. Birthplace Russia

16 (a) Informant Robert Obeck
(b) Address Son.

17 (a) Burial (b) Date thereof 1-28-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd

18 (a) Funeral director Jack Lauro Inc.
(b) Address 1439 E. Baltimore St

19 (a) Date received JAN 28 1941 (b) Registrar
Certificate prepared by Undertaker of Fort Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 1-27 1941, and that I last saw her alive on 1-27 1941.

Immediate cause of death: Cerebral thrombosis — Duration

Due to: Cerebral arteriosclerosis

Due to:

Other Conditions: Arteriosclerosis C. V. Disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Common duct
Of autopsy: Cerebral thrombosis in middle cerebral artery

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. P. Wilder M. D.
Address Sinai Hospital Date signed 1-27-41

F 76902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 76902 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 538 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 23 years

3 (a) FULL NAME Abraham Deck

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Butcher

11. Industry or business Self

FATHER
12. Name Isadore
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-41 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Gardners Lane Cemetery
Location Mt Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (b)
(Date received by registrar) Registrar

JAN 28 1941
VS 3

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941 at 7 54 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1941 to Jan 27 1941 and that I last saw him alive on Jan 27 1941.

Immediate cause of death: Pulmonary Oedema ~~Hypostatic Pneumonia~~ — Duration

Due to: Myocardial Failure

Due to:

Other Conditions: Ureterolithiasis Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkins Hospital Date signed

F 76903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 76903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 W. Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 W. Biddle Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse Jowson (Towns)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
52	5		hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Dean Bethel
13. Birthplace Va.

MOTHER
14. Maiden Name Liza Hill
15. Birthplace Va.

16 (a) Informant William Henson
(b) Address 606 George st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Aquendel Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Registered by local registrar) (b) Huntington Williams M.D. Registrar

JAN 28 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 19 41, at 3:50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cardio - vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mallonee M.D. Medical Examiner

Date signed 1-26-41

F 76904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76904

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Diamond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

4-V

3 (a) FULL NAME Mary Ringoes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Negro	Widow.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Oldage Pension

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-28-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annamanel Co.

18 (a) Funeral director A. Goldpleus Halstead
(b) Address 915 Druid Hill Ave.

JAN 28 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1941, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection, Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection, Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cardio-Vascular Disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-26-41

VS 6

F 76905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-c F 76905 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: So. Balto. Genl. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto., Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 16 S. Carey St.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Stearns (ANNIE M. STEARNS,)

3 (b) If veteran, name war	3 (c) Social Security Account No.	Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	No	Female	White	Married

6 (b) Name of husband ~~or wife~~ Lawerence Stearns.

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) February. 9. 1887

8. AGE: Years	Months	Days	If less than one day
53	11	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name James H. Scofield

13. Birthplace Baltimore, Md

MOTHER — 14. Maiden Name Nannie Bullock

15. Birthplace Va

16 (a) Informant Lawrence Stearns

(b) Address 16. S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.28. 41 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A.A.Co. Md.

18 (a) Funeral director Robert Brooks & Son.

(b) Address Calhoun & Hollins Sts.

19 (a) JAN 28 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1941, at 5 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941, to 1/25 1941, and that I last saw h[er] alive on 1/25 1941.

Immediate cause of death Acute Cardiac Failure — Duration 3 days

Due to Obesity

Due to Hypostatic pneumonia Terminal

Other Conditions Bronchopneumonia, Terminal

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A Bernstein M. D.

Address 1864. Date signed 1/25/41

F 76906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76906

93-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Baltimore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dickerson (Dickerson)

3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W. | 6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of husband or wife Bertha E. Dickerson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1872

8. AGE: Years 68 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Ohio (Toledo)
(Town, county, and state)

10. Usual Occupation Retired Operative Engineer

11. Industry or business Ct. Office Dept.

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Bertha E. Dickerson
(b) Address 4407 Baltimore Ave

17 (a) Burial (Burial, cremation, or removal), (b) Date thereof Jan 29 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Peter Wise
(b) Address 2324 N Charles St

19 (a) Date received by registrar JAN 28 1941 (b) Signature Huntington Williams U.R.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27-41 1941. 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941 to 1-27 1941, and that I last saw him alive on 1-26 1941.

Immediate cause of death Acute Myocardial failure — Duration over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Danny Freeman Jr. M.D.
Address Mercy Hospital Date signed 1/27/41

F 76907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. F 76907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 W. Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W Hammond

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 218-10-5699

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Bertha Hammond
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1899

8. AGE: Years	Months	Days	If less than one day
41	9	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Truck Helper
11. Industry or business

FATHER
12. Name John W. Hammond
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Wilson
15. Birthplace Calvert Co - Maryland

16 (a) Informant Minnie Hammond
(b) Address 529 W. Baltimore Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore City Md

18 (a) Funeral director Joseph A Lively
(b) Address 409 N Mount Street

19 (a) [illegible] Registrar Huntington Williams M.D. Registrar

JAN 28 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1941, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Shock -	
Due to 1st, 2nd and 3rd degree Burns involving entire body	
Due to	
Other Conditions Conflagration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-25-1941
(c) Where did injury occur? 606 Cornell Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Came in contact with oil stove, Conflagration

23. Signature Hunt Williams M.D. Medical Examiner.
Date signed 1-26-41

76908

HEALTH DEPARTMENT—CITY OF BALTIMORE

76908

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Fremont St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josiah Christian

If U. S. Veteran specify WAR .....

(a) Residence: No. 331 S. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia No 518-01-3996 social security account

6. DATE OF BIRTH (month, day, year) Aug 16 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawdor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Richmond (State or country) Va

FATHER

13. NAME Josiah Christian

14. BIRTHPLACE (city or town) Richmond (State or country) Va

MOTHER

15. MAIDEN NAME Maria Nelson

16. BIRTHPLACE (city or town) Richmond (State or country) Va

17. INFORMANT James Christian (Address) 331 S. Fremont

18. BURIAL, CREMATION, OR REMOVAL Place Mount Auburn Date Jan 28, 1941

19. UNDERTAKER Joseph A. Lively (Address) 1408 W Mount Street

20. FILED JAN 28 1941 Herrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1941 to Jan 24, 1941

I last saw him alive on Jan 24 1941. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Other contributory causes of importance: acute Bronchitis	10 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Buckel M. D.

(Address) 1126 Druid Hill

X

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

F 76909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 N. Gilmor St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie B. Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur Harrison

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months — | Days — | If less than one day: hr. min.

9. Birthplace Staunton, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Smith
13. Birthplace Staunton, Va

MOTHER
14. Maiden Name Lena Brown
15. Birthplace Staunton, Va

16 (a) Informant Arthur Harrison
(b) Address 908 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (month) (day) (year)
(c) Cemetery or crematory Staunton Va
Location

18 (a) Funeral director Leg. H. Kelson
(b) Address 1303 Pressman

19 (a) (Name of Physician) (b) Huntington Pittsburgh, Pa

JAN 28 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1941, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1940 to 1-26 1941, and that I last saw her alive on 1-26 1941.

Immediate cause of death: Exhaustion — Duration: Several weeks

Due to Carcinoma of Rectum and uterus — Duration: Over ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Singher M. D.
Address 525 N. Fremont Ave Date signed 1/27/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 76910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL R. MILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-3301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 867

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JAN 28 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1941, at 12 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said * (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions neg	

(Include pregnancy within 3 months of death)

Major findings:
Of operations neg
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 1-21-41

VS 6

76911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a Registered No. F 76911

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 W. Mulberry st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lloyd Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per M. A. Moore

19 (a) JAN 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1941 at 1:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Squamous Cell Carcinoma of esophagus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vandestuft M.D. Medical Examiner
Date signed 1/22/41

VS 6

F 76912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 76912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 335 Forrest St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT BURTON

3 (b) If veteran, name war
3 (c) Social Security Account No. Not Known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial, cremation, or removal (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 28 1941
Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1941; at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar right. — Duration 10 days

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 1-21-41

VS 6

76913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

Registered No. F 76913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Adelina
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Height

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 27, 1940

8. AGE: Years	Months	Days	If less than one day
		7	20 hr. — min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William Height
13. Birthplace ?

MOTHER
14. Maiden Name Maggie Elizabeth Young
15. Birthplace Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

[redacted] (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 28 1941
18 (a) Funeral director Commissioner of Health
(b) Address JAN 28 1941 for M. A. Moore
19 [redacted] (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1940, to Dec. 4 1940, and that I last saw her alive on Dec. 4 1940.

Immediate cause of death	Duration
Due to Subarachnoid Hemorrhage	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Date signed

Please write plainly, with ink or typewriter. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 76914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 803 S. Belnord Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME CASIMIR SOBCZAK

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3801

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Michalina Sobczak

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Labor

11. Industry or business

FATHER 12. Name: Jan Sobczak
13. Birthplace: POLAND

MOTHER 14. Maiden Name: POSINSKA
15. Birthplace: POLAND

16 (a) Informant: Michalina Sobczak
(b) Address: 803 S Belnord Ave

17 (a) X (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Dundalk Md

18 (a) Funeral director: John J. Duda
(b) Address: 2824 Hudson St

19 JAN 28 1941 (Date received by Registrar) (Signature) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1941, at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy as above

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature H. E. Wallenmaier M.D. Medical Examiner.
Date signed 1-27-41

F 76915 Copy

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 76915 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Jefferson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE MAY CORBETT.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Leroy Corbett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Smithfield Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Dennis Edwards
13. Birthplace Smithfield Va

MOTHER
14. Maiden Name Mary Goodwin
15. Birthplace Smithfield

16 (a) Informant William Edward (Bro)
(b) Address 524 N. Bond, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location A A Co Md

18 (a) Funeral director Robert E Williams
(b) Address 15-15 McCleery St Huntington Terrace, Md.

19 (a) JAN 28 1941 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1941, at 4 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bullet wounds of head neck & chest — **Duration**

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no ?
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan 23, 1941
(c) Where did injury occur? Hurst Ent Police Station No 1 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury shot by husband with

23. Signature H L Waltemeyer M.D. Medical Examiner.
Date signed 1-24-41

remarks Inquest - Tuesday

F 76916 Copy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76916 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 McDonough St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Louise Berry (62973)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1921

8. AGE: Years	Months	Days	If less than one day
20		2	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie Dillon
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E McCahon
(b) Address 515 McElderry St

19 (a) JAN 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1941, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1941 to Jan. 26, 1941, and that I last saw her alive on Jan. 26, 1941.

Immediate cause of death Tuberculosis of lungs, far advanced — Duration ?

Due to

Due to

Other Conditions Anemia. Tuberculous laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Martina Towers, Md.

23. Signature M. D.
Address Balto. City Hospitals Date signed 1-27-41

F 76817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 76917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 S. Monroe ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S. Monroe St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Hambach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary (Hettinger)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1864

8. AGE: Years	Months	Days	If less than one day
76	7	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business Retired

FATHER
12. Name Andreas Hambach
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Friese
15. Birthplace Germany

16 (a) Informant Mrs Mary Hambach
(b) Address 628 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Henry N Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) JAN 28 1941 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941 at 12.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to Jan 27 1941, and that I last saw him alive on Jan 27 1941.

Immediate cause of death	Duration
Cardio - Renal disease	4 mos
Due to Arteriosclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagmeller
Address 7246 W. Lombard Date signed 1/27/41 M. D.

VS 3

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76918 ✓ F 76918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 251 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 251 N. Payson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Card Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1888

8. AGE: Years	Months	Days	If less than one day
52	2	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Tinner

11. Industry or business

FATHER 12. Name Charles H. Card
13. Birthplace Baltimore

MOTHER 14. Maiden Name Eliz. Wynn Card
15. Birthplace Baltimo

16 (a) Informant Elizabeth Wynn Card
(b) Address 251 N. Payson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 '41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave

19 (a) JAN 28 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1941, at 8:39 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to Jan. 25 1941, and that I last saw h alive on 1/25 1941.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elmer Langlois M. D.
Address 407 N. Payson St Date signed 1/27/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No. F 76919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Baltimore Elkridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry A. Wade

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	married

6 (b) Name of husband or wife alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1879

8. AGE: Years	Months	Days	If less than one day
62	11	22	hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Restaurateur
11. Industry or business

FATHER 12. Name John W. Wade
FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Deering
MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Josephine L. Wade
(b) Address 1808 Ft Landsdowne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29, '41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn.

18 (a) Funeral director Harry H. Wilkes
(b) Address 4101 Edmondson Ave Phone Gwynn Oak 1166

19 (a) JAN 28 1941 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1941, to Jan 26 1941, and that I last saw him alive on Jan 26 1941.

Immediate cause of death	Duration
Pulmonary embolism	5 minutes
Due to Cardiac decompensation	1 month
Due to Degenerative Cardio Vascular disease	10 years
Other Conditions Anasarca, Bright's disease (Include pregnancy within 3 months of death)	over

Major findings:
Of operations
Of autopsy Pulm. emb., anasarca, Cirrhosis Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James R Dwyer M.D.
Address St. Agnes Hosp Date signed Jan 26, 1941 M. D.

VS 3

KENNARD

F 76920 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 76920

CERTIFICATE OF DEATH

95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Division St Ward 14)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Fannie Kennard

If U. S. Veteran specify WAR _____

(a) Residence: No. 1436 Division St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Ri	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) May 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sidney Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Mary Addison

(Address) 1400 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 1-28 1941

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 163 Druid Hill Ave

20. DATE RECEIVED JAN 28 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28th 1941

22. I HEREBY CERTIFY, That I attended deceased from 1937 to 1/28/41 19__

I last saw h__ alive Jan 24, 41 19__ Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma Uterus	1937
b	
c	
d	

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H. Lee Ellis M. D.

(Address) 917 Hunter

V88

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 26921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-BF 26931 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 N. Pulaski Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Pulaski Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 N

3 (a) FULL NAME WILLIAM C. SCHOENFELDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minnie H.
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Aug. 12, ~~1840~~/558

8. AGE: Years	Months	Days	If less than one day
82	5	13	....hr. .....min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Retired Barber
11. Industry or business Owner of Shop

FATHER
12. Name Charles Schoenfelder
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Paul Schoenfelder
(b) Address 20 North Pulaski Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-41. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director C. T. Hubbert & Son
(b) Address 1300 Pitcaw Place

19 (a) Filed (Registrar) JAN 28 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25. 1941, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Novembe 1940, to Jan. 25 1941, and that I last saw him alive on Jan 24 1941.

	Duration
Immediate cause of death Arteriosclerosis.	1 year.
Due to	
Due to	
Other Conditions Marked arthritis of Spine. (Include pregnancy within 3 months of death)	1 year

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Mortimer Jr. M. D.
Address 2707 St. Paul St. Date signed 1-29-41

27

F 76922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Smithson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Cubie

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 215-10-6969

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1888

8. AGE: Years 52 | Months 9 | Days 17 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Driver-Ice Truck

11. Industry or business

FATHER
12. Name Richard Cubie,
13. Birthplace Richmond, Virginia.

MOTHER
14. Maiden Name Lottie Cole,
15. Birthplace Elkridge, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29-41 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director James A Stamp
(b) Address 142 W Pratt St

19 (a) JAN 28 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1941 at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1941 to Jan. 26, 1941 and that I last saw him alive on Jan. 26, 1941.

Immediate cause of death: Tuberculosis pulmonary with cavitation — Duration: Unknown

Due to

Due to

Other Conditions: Generalized miliary tuberculosis — Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Alexander M.D.
Address US Marine Hospital, Baltimore, Md. Date signed 1/26/41

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) (~~years~~) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ilchester
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Burr Hyde

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: No. K

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mary O. Hyde
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.): Oct. 15-1883

8. AGE: Years 57 | Months 3 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace: New Jersey (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: General

FATHER
12. Name: Stephen D. Hyde
13. Birthplace: N. Y.

MOTHER
14. Maiden Name: Mary Maria Cosine
15. Birthplace: N. Y.

16 (a) Informant: Wife Mary O. Hyde
(b) Address: Jessup Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)
(c) Cemetery or crematory: Arlington Park
Location: Arlington Va.

18 (a) Funeral director: Floyd Lauer
(b) Address: Laurel Md.

19 (a) JAN 28 1941 (Registrar) (b) Huntington Williams M.D. (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1941, to 1-27 1941, and that I last saw him alive on 1-27 1941.

Immediate cause of death: Cardiac failure — Duration: 5 weeks
Due to: Staphylococcic septicemia
Due to: Staph. infection left hand
Other Conditions: Brain abscess right occipital area, pleurisy R. lung — Duration: 1 week
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: blood & atherosclerosis aorta.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R B. Reamer M. D.
Address: University Hospital Date signed 1-29-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No. F 76924

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 151 E Randall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN T. CONWAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mrs Isabel Conway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1877

8. AGE: Years	Months	Days	If less than one day
63	11	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B & O RR

FATHER
12. Name Anthony Conway
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Jeanette Kirby
15. Birthplace Baltimore, Maryland

16 (a) Informant Isabelle Conway
(b) Address 1518 Randall Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-2 N. Charles

19 (a) Jan 28 1941 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 7:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-27-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F 76925 95-C Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2445 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2445 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna M. Grimaldo

3 (b) If veteran, name war	3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 29-1847

8. AGE: Years	Months	Days	If less than one day
93	4	2827	..... hr. ..... min.

9. Birthplace Guilford Virginia
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Thomas J. Grimaldo
13. Birthplace Accomac County Va.

MOTHER
14. Maiden Name Elizabeth Bell Clayton
15. Birthplace Guilford, Va.

16 (a) Informant Roberta S. Grimaldo
(b) Address 2445 Edmondson ave.

17 (a) Burial (b) Date thereof 1/29/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1476 Light St

19 (a) ..... (b) Huntington Hill Baltimore, Md.
(Date received by registrar)

JAN 28 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941, at 1:17 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 25 1941, to Jan 26 - 1941, and that I last saw her alive on Jan 26 - 1941.

Immediate cause of death Dilatation of Heart — Duration 5 days

Due to Organic Heart Disease — Duration unknown

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave Date signed 1-26-41

F 76926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 76926

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Madison ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 14 12 7

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Mi

6 (b) Name of husband or wife Dora Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Dock Lewis
13. Birthplace N. Car.

MOTHER
14. Maiden Name Clemie Singleton
15. Birthplace N. Car.

16 (a) Informant Evelyn Gordan
(b) Address Shiloh Pl.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Bladensburg
Location North Carolina

18 (a) Funeral director Adolphus Halstead
(b) Address 918 D mid. Ave.

19 (a) JAN 28 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941, to Jan 26 1941, and that I last saw him alive on Jan 24 1941.

Immediate cause of death: Pulmonary TB — Duration: 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Cooksey M. D.
Address 754 Eager Date signed 1/27/41

F 76927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 76927 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Kensington Rd. Ten Hills.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Kensington Rd. Ten Hills
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Anna E. Walter

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John G. Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1860

8. AGE: Years	Months	Days	If less than one day
80	11	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. James K. Steuart
(b) Address 406 Kensington Rd. Ten Hills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Aves.

19 (a) JAN 28 1941 (Local Registrar) Austin G. Williams M.D. (Recorder)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1941, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1941, to Jan 26 1941, and that I last saw her alive on Jan 25 1941.

Immediate cause of death Cerebral Hemorrhage — Duration Jan 14, 41
Due to Cerebral Arterio Sclerosis — ?
Due to Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Duncan Wiseley M. D.
Address 4100 Edmondson Ave. Date signed 1-27-41

F 76928 ✓ F 76928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. .....

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Mt. Royal Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Mt. Royal Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIAM HENRY LEDERER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha Ann Davis Lederer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 5, 1861

8. AGE: Years	Months	Days	If less than one day
79	5	22	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Wholesale Leather Business
11. Industry or business Self

FATHER
12. Name John Lederer
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunda Steinmetz
15. Birthplace Germany

16 (a) Informant Mr. Henry A. Lederer
(b) Address Carolina Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) ..... (b) Date received by registrar JAN 28 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 19 41 at 1146 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27th 1940, to January 27 1941, and that I last saw him alive on January 27 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days

Due to .....

Due to .....

Other Conditions Paralysis agitans — 3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature William G. Bode
Address 1900 Maryland Ave. Date signed 1/30/41

Huntington Williams M.D.

F 76929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

803 Registered No. F 76929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Canary Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-6995

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1923

8. AGE: Years	Months	Days	If less than one day
17	8	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Woodcrest + Rosoff

FATHER
12. Name Lorenzo Richardson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Whitener
15. Birthplace

16 (a) Informant Catherine Richardson
(b) Address 2213 Canary St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 30 (day) '41 (year)
(c) Cemetery or crematory Trinity
Location O'Donnell St.

18 (a) Funeral director Martin W. E. Dippel
(b) Address Lombard + Ann Sts.

19 (a) JAN 28 1941 (b) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1941, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20/ 1941, to 1/27/ 1941, and that I last saw h alive on 1/27/ 1941.

Immediate cause of death
Tetanus?
Encephalopathy?
Due to

Due to

Other Conditions Acute gonorrheal urethritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Fulminous (gonococcic)

Duration
?
?
10 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Moran M.D.
Address So. Balto. Gen'l Hosp. Date signed 1/27/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Loren Rought

F 76930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loren Rought

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	186-14-4426	M	W	Married

6 (b) Name of husband or wife Mary Rought
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1886

8. AGE: Years	Months	Days	If less than one day
54	10	29	hr. min.

9. Birthplace Factoryville, Pa. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name Josiah Rought
13. Birthplace Pa.

MOTHER 14. Maiden Name Henrietta White
15. Birthplace Pa.

16 (a) Informant Arthur Rought
(b) Address 210 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery or crematory
Location Factoryville, Pa.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

(a) Date rec'd by registrar JAN 29 1941 (b) Registrar Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/41 19 . at 6:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 19 41 to 1/27 19 41, and that I last saw h alive on 1/27 19 41.

Immediate cause of death	Duration
pulmonary edema	
Due to cardiac failure	12 hours
Due to pneumonia	over
Other Conditions pulmonary arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy pneumonia in lung 3 lobes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Hunting M. D.
Address Sinai Hospital Date signed 1/29/41

Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

F 76931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-P ✓

Registered No. F 76931

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5601 Mattfeldt Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5601 McHfeldt Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L. Day

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wade O. Day

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4 1882

8. AGE: Years	Months	Days	If less than one day
58	9	23	hr. min.

9. Birthplace Sykesville Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business House wife

FATHER
12. Name Orlo Doyle
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Steele
15. Birthplace Baltimore Maryland

16 (a) Informant Wade O. Day
(b) Address 5601 Mattfeldt Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Town Road

18 (a) Funeral director A. B. Marshall
(b) Address 3539 Falls Road

19 (a) (Local registrar's signature) (b) Date received JAN 28 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1941, at 6a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940, to Jan 27 1941, and that I last saw h[illegible] alive on Jan. 27. 1941

Immediate cause of death Cortic Valvular disease with Pulmonary Edema

Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse Gilbert M. D.
Address 848 W. 36th St Date signed 1/28/41

F 76932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 CLAREMONT AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 CLAREMONT AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN G. LUDWIG.

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWER

6 (b) Name of husband or wife KATIE LUDWIG

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) OCT. 14 1854

8. AGE: Years 81 | Months 3 4 | Days 15 12 | If less than one day ..... hr. ..... min.

9. Birthplace PHILA. PA.
(Town, county, and state)

10. Usual Occupation MACHINST

11. Industry or business PHILA. PA.

FATHER
12. Name JOHN G. LUDWIG
13. Birthplace GERMANY

MOTHER
14. Maiden Name EVA GOMERING
15. Birthplace GERMANY

16 (a) Informant ANNA EIRMANN (DAUGHTER)
(b) Address 341 S. EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** JAN. 30/41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 JAN 28 1941 (b) [illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 26 19 41 at 11/40 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24- 1941. to 1-26 1941. and that I last saw him alive on 1-26 1941.

Immediate cause of death Myocardial degeneration. — **Duration**

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John G Ludwig M. D.

Address 1411 Eastern Date signed 1-27-41

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS 8

76933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. 76933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 DILLON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 59
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 DILLON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CECELIA B. SCHANE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: JOHN SCHANE
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) OCT. 21 1861

8. AGE: Years	Months	Days	If less than one day
79	3	4	..... hr. ..... min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: LOUIS MARKEL
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MAGDELINA STRATTNER
15. Birthplace: GERMANY

16 (a) Informant: ELLA C. BADER (DAUGHTER)
(b) Address: 3702 DILLON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 29/41 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE EXT.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 405 E. WOLFE ST. Huntington Williams, M.D.

19 JAN 28 1941 (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 26 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Jan. 1941, and that I last saw h[illegible] alive on Jan. 26 1941.

Immediate cause of death: Myocardial Insufficiency — Duration: 3 mos.
Due to: arterial hypertension — 4 years
Due to: Infirmities of old age —
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Clarence W. LeBoy M. D.
Address: 601 S. Ellwood Ave. Date signed 1/26/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a F 76934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 E. 20th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Bernard — Ethel V. Bernard

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Geo E. Bernard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1897

8. AGE: Years	Months	Days	If less than one day
43	5	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Vass Holder
13. Birthplace N C

MOTHER
14. Maiden Name Frances Fail
15. Birthplace N C

16 (a) Informant Oscar A Jacobson
(b) Address 331 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural

18 (a) Funeral director John Ulrich
(b) Address 2006 Allens

19 JAN 28 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-1941, at 7:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest - Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-26-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 76935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124 B ✓ F 76935 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5310 Holder Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27/54
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5310 Holder Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Patzschke

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1886

8. AGE: Years	Months	Days	If less than one day
54	8	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles Patzschke
13. Birthplace Md

MOTHER
14. Maiden Name Annie Schonberg
15. Birthplace Md

16 (a) Informant John Patzschke
(b) Address 5310 Holder Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 29/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Rural

18 (a) Funeral director John Welsh
(b) Address 20 & Pulaski

19 (a) JAN 28 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Jan 26 1941, and that I last saw her alive on Jan 26 1941.

Immediate cause of death
1 Hypertension
Arteriosclerosis Tissue — Duration yrs/mos

Due to

Due to — Duration over

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Heymann M. D.
Address 1710 E. 33rd St Date signed 1/27/41

76936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76936 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3812 Greenmount Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3812 Greenmount Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) FULL NAME Daisy McBride

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. 5. Color or race W. 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1878

8. AGE: Years 62 Months 2 Days - If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William LaFevre

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Hammann

15. Birthplace Md.

16 (a) Informant Evelyn Helfrich

(b) Address 3812 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/44 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem. Old Frederick Rd.

18 (a) Funeral director J. Moran Bro. & Boetsch

(b) Address

19 JAN 28 1944 (Date received by Registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1944, at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to 1-26 1944.

and that I last saw h[illegible] alive on 1-26 1944.

Immediate cause of death: Arteriosclerotic Cardiovascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Helfrich M. D.

Address 5001 Roland Ave Date signed 1/27/44

76937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 76937 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1208 Eutaw Pl

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11

(e) Length of stay in Baltimore (yrs., mos., or days) 5 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1208 Eutaw Pl. (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Ray Finn Wendry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Wendry

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept 20 1860

8. AGE: Years	Months	Days	If less than one day
79 80	4	8	..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name Ghost Unknown

13. Birthplace Germany

MOTHER 14. Maiden Name Not Known

15. Birthplace Germany

16 (a) Informant Dr. D Wendry

(b) Address 1208 Eutaw St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)

(c) Cemetery or crematory East View

Location Cumberland Md

18 (a) Funeral director Dan Sondheim Co

(b) Address 1412 W Baltimore St

19 (a) JAN 28 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 28 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1941 to Jan. 28 1941, and that I last saw h[illegible] alive on Jan. 28 1941.

Immediate cause of death: Bronchopneumonia, left — Duration 3 d.

Due to: Myocardial decompensation, acute

Due to: .....

Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations: .....

Of autopsy: .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature H. Wm. Wendry M.D.

Address Temple Forbes Bldg Date signed Jan 28 1941

VS 3

VF 76938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. E 76938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Pierce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Pierce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosie Kennard

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1891

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Julia Focus
15. Birthplace N.Y.C.

16 (a) Informant Florence Bowden
(b) Address 929 N. Mulberry St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

JAN 28 1941 Harrington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-1941, at 2 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy, Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchio-pneumonia — **Duration**
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 1-26-41

VS 6

(over)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76939 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 3305 Paton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Walter L. Harrison

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 086-14-6354

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Eulah McDowell Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	11	9	hr. min.

9. Birthplace: Jamaica (Town, county, and state)
10. Usual Occupation: Steward
11. Industry or business:

FATHER
12. Name: Benjamin Harrison
13. Birthplace: Jamaica

MOTHER
14. Maiden Name: Mary McDonald
15. Birthplace: Jamaica

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: Jan 30, 1941 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Memorial
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) (Date received by registrar) JAN 28 1941 (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 26, 1941 at 6:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1941 to Jan. 26, 1941 and that I last saw him alive on Jan. 26, 1941

Immediate cause of death: Lobar pneumonia — Duration: 3 weeks

Due to:

Due to:

Other Conditions: Multiple abscesses of kidneys — 1 week
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature]
Address: US Marine Hospital, Baltimore, Md. Date signed: 1/27/41

76940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

Registered No. 76940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Carroll St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALTER BURLEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7630

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Maud Burley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1891

8. AGE: Years	Months	Days	If less than one day
49	11	27	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business ?

FATHER
12. Name Unknown
13. Birthplace Maryland

MOTHER
14. Maiden Name Cannee ?
15. Birthplace Maryland

16 (a) Informant friend Mary Patterson
(b) Address 606 Carroll St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 30, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St.

JAN 28 1941 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1941, at 5 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death. Burns, 1st and 2nd degree, entire body.

Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 25 1941 22-2
(c) Where did injury occur? 602 Carroll St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Alcohol exploded + burned him

23. Signature H L Williams Jr (Attending or Medical Examiner) M.D.
Date signed 1-27-41

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

Registered No. F 76941

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Westover
(If outside city or town limits, write RURAL and give town)
(d) Street No. CCC Camp, 3336th Company
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Randolph Evans

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
~~Unknown~~ 41			..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation CCC Enrollee
11. Industry or business Westover, Maryland

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28, 1941 (month) (day) (year)
(c) Cemetery or crematory Philadelphia Location Pa

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 JAN 28 1941 (b) .....
(Date received by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1941, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1941, to Jan. 26, 1941, and that I last saw him alive on Jan. 26, 1941.

Immediate cause of death	Duration
Acute purulent meningitis	1 week
Due to Acute suppurative otitis media, left	2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Greene M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/27/41

F 76942 1326 W. Lombard St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 76942 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Chilton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Chilton Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 86 — years

3 (a) FULL NAME Caroline Rustebarg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	WHITE	Widow

6 (b) Name of husband or wife George Rustebarg
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 26 - 1851

8. AGE: Years	Months	Days	If less than one day
89	5	0	hr. min.

9. Birthplace Hanover — Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Kropp
13. Birthplace Germany

MOTHER
14. Maiden Name Funkhouser
15. Birthplace

16 (a) Informant H. Edward Rustebarg
(b) Address 2904 Shirley Ave:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Maryland

18 (a) Funeral director Charles H. Blacke
(b) Address 742 West North Ave:

19 (a) JAN 29 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1938, to Jan. 26 1941, and that I last saw her alive on Jan 26 1941.

Immediate cause of death	Duration
Arteriosclerosis	7 yrs
Due to	
Due to	
Other Conditions Left hemiplegia	1929

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Triplett M.D.
Address 1326 W Lombard Date signed 1/28/41

F 76943

F 76943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Hickory Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Hickory Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma May Coleman

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert Coleman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1870

8. AGE: Years 70 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George W Stockmon
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Lovinia A. Wofold
15. Birthplace Baltimore Md

16 (a) Informant Robert Coleman
(b) Address 4014 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)

(c) Cemetery or crematory Loraine
Location Woodlawn Md

18 (a) Funeral director Fulham Co
(b) Address 1217 E Fayette St

JAN 29 1941 (Date rec'd by registrar) (by) [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 69 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21st 1941 to Jan 28th 1941, and that I last saw her alive on Jan 27th 1941.

Immediate cause of death Cerebral Hemorrhage

Duration 7 days

Due to Cerebral Sclerosis & Hypertension

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Q. Lillich M. D.
Address 3600 Falls Rd. Balto. Md. Date signed

VS 2

Please see that all information asked for is carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 76944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Pierce Sheffer

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Dessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1887

8. AGE: Years: 53 | Months: 5 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Balto, Md (Town, county, and state)

10. Usual Occupation: Tailor
11. Industry or business: Self

FATHER
12. Name: W M P Sheffer
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Alice Mulburn
15. Birthplace: Balto Md

16 (a) Informant: Bessie V Sheffer
(b) Address: 401 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory: Loraine
Location: Balto. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St

19 (a) JAN 29 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 2:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquest) and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Handley Hyatt M.D. Medical Examiner.
Date signed 1/28/41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76945

F 76945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V164-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Pulaski St. (If rural give location)
If foreign born, how long in U. S. A.? 1915 Wilkens Ave years

3 (a) FULL NAME JOHN KEYS

3 (b) If veteran, name war —

3 (c) Social Security Account No. — 40

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marion E. Keys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1891

8. AGE: Years 49 | Months 6 | Days 15 25 | If less than one day hr. min

9. Birthplace Jessups, Md. (town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business U.S. Government

FATHER 12. Name John Keys
13. Birthplace Anne Arundel Co. Md

MOTHER 14. Maiden Name Georgia Anderson
15. Birthplace Anne Arundel Co. Md

16. Informant Mrs. Marion Keys
Address 1915 Wilkens Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/29/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ivy Hill
Location Laurel Md.

18 (a) Funeral director William Cook
(b) Address 217 St Paul St.

19 (b) JAN 29 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941, at 8:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture, ribs and sternum — Duration

Due to Jump from high place.

Due to Suicide due to mental despondency

Other Conditions Fracture of left femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1-26-41
(c) Where did injury occur? Jones St. Bridge at Carroll Park (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Jumped off bridge

23. Signature H. E. Wallenmeyer M.D. Asst Medical Examiner

Date signed 1-27-41

VS 6

The contact age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 76946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194-A

F 76946 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. NO BLANKS ARE TO BE LEFT UNFILLED.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4103 Chatham Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 Chatham Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Glenn Tracey

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced
M	W	Married

6 (b) Name of ~~husband or~~ wife Anna E. Tracey
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 13th 1890

8. AGE: Years	Months	Days	If less than one day
50	6	14	hr. min.

9. Birthplace Towson Md. (Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Janitors Supply Business

FATHER
12. Name Joseph E. Tracey
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Jackson
15. Birthplace Md.

16 (a) Informant Anna E. Tracey
(b) Address 4103 Chatham Road

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/30/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Signature of Undertaker or Registrar) (b) Residence

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 9:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandegrift M.D. Medical Examiner.
Date signed 1/28/41

F 76947

OF 62072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH VS 2-B

Registered No. F 76947

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2119 Ridgehill Avenue

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

15 54

3 (a) FULL NAME Aaron E. Curtis Sr.

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) ~~Single, married~~, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lottie (a) Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 10, 1874

8. AGE: Years 66 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Retired

FATHER

12. Name James A Curtis (d)

13. Birthplace Maryland

MOTHER

14. Maiden Name Kattie Baker (d)

15. Birthplace Philadelphia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) JAN 29 1941 (b) Clinton Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941, at 8.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940, to 1-27 1941, and that I last saw h~~im~~ alive on 1-27 1941.

Immediate cause of death	Duration
Carcinoma of the bladder	1 yr
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Sidney R. Ehlhardt M. D.

Address Baltimore City Hosp. Date signed 1-28-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 76948 / 137-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Corkeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Conkling

3 (b) If veteran, name war —
3 (c) Social Security Account No. — NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Emma Conkling
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1872

8. AGE: Years	Months	Days	If less than one day
68	4	19	hr. min.

9. Birthplace Maryland (Baltimore)
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name John H. Conkling
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara Conkling
15. Birthplace Maryland

16 (a) Informant John F Conkling
(b) Address 6011 Seymore Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chestnut Grove
Location Chestnut Grove Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JAN 29 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1941, at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1941 to Jan. 28 1941, and that I last saw him alive on Jan 28th 1941.

Immediate cause of death: Coronary Thrombosis, (?).

Duration:

Due to

Due to

Other Conditions Prostatic Abscess. Chronic prostatitis & arthritis over
(Include pregnancy within 3 months of death)

Major findings:
Of operations Peri-prostatic Abscess
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Frank Thompson M. D.
Address University Hospital Date signed 1-29-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use

F 76949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 76949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2848 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2848 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? - - - years

3 (a) FULL NAME ANNA BERTHA HOCH.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John T. Hoch
6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Jan 1, 1878

8. AGE: Years: 63 | Months: | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business

FATHER
12. Name: John Kirachke
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Loefelbein
15. Birthplace: Germany

16 (a) Informant: John T. Hoch (Husband)
(b) Address: 2848 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29. 1941 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SON Inc.
(b) Address: North Ave. & Broadway

19 (a) (b) Registrar: Huntington Williams M.D.

JAN 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1940 to Jan. 17 1941, and that I last saw her alive on Jan 17, 1941

Immediate cause of death: Carcinoma of Ovary with Metastases and Abdominal Carcinomatosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of ovary with Metastases to all abdominal viscera
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hamilton S. Everett M. D.
Address: 11 East Chase St. Date signed: Jan 27 1941

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any information which may be carefully supplied.

F 76950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

F 76950

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1762 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1762 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DORRY WILLIAM WILLETT.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amelia S. Willett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1868

8. AGE: Years 72 | Months 73 | Days 11 | If less than one day: hr. 20 min.

9. Birthplace Adams County, Penns.
(Town, county, and state)

10. Usual Occupation Wheelwright

11. Industry or business

FATHER
12. Name Henry Willett
13. Birthplace York Co., Penn.

MOTHER
14. Maiden Name Elizabeth Palmer
15. Birthplace York Co., Penn.

16 (a) Informant Mrs. Mary Louise Lamp
(b) Address 1762 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director HENRY SANDER & SON Inc.
(b) Address North Ave. & Broadway

19 (a) JAN 29 1941 (Date rec'd by registrar) (Huntington Millikan M.D.)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1941 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~ find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Cirrhosis of kidneys

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-27-41

F 76951

62738 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Carey Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gillison George Cole

Birth # F 70390

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1940

8. AGE: Years | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Ball
13. Birthplace Maryland

MOTHER
14. Maiden Name Geraldine Cole
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 1/29/41 (month) (day) (year)
(c) Cemetery or crematory crematory
Location BCH

18 (a) Funeral director
(b) Address

JAN 29 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1941 to 1-22 1941, and that I last saw h alive on 1-22 1941.

Immediate cause of death

	Duration
Congenital cirrhosis of liver	4) days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-25-41

VS 3

F 76952

76952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2700 Queen Anne Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)

(d) Street No. 2700 Queen Anne Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Louis L. Katzner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Eva

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Slip Cover Mfg

11. Industry or business Self

FATHER

12. Name Moses Katzner

13. Birthplace Russia

MOTHER

14. Maiden Name Rosa

15. Birthplace Russia

16 (a) Informant J. Benj Katzner

(b) Address 2700 Queen Anne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)

(c) Cemetery Hebrew Friendship

Location Balto + Caroline st

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

JAN 29 1941 (Registrar) Huntingtown, Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1932, to Jan 29 1941, and that I last saw h[illegible] alive on Jan 27 1941.

Immediate cause of death: cerebral Hemorrhage — Duration: Sudden

Due to Hypertension — 1932.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Samuel Lobethrow M. D.

Address 1720 Eutaw St. Date signed Jan 29/41

F 76953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 76953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Boston (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Allston St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME William A. Mansel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-08

8. AGE: Years	Months	Days	If less than one day
32	4	9	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Investments

11. Industry or business

FATHER
12. Name John J. Mansel
13. Birthplace Ohio

MOTHER
14. Maiden Name Susan F. Andrews
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 (month) (day) 41 (year)
(c) Cemetery or crematory Lakeview Cemetery
Location Cleveland, Ohio

18 (a) Funeral director John Armistead Sons
(b) Address 1900 Eutaw Place

19 (a) Date received JAN 29 1941 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1941, at 1120 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1941, to 1-28 1941 and that I last saw h alive on 1-28 1941.

Immediate cause of death respiratory failure + hypersuperpexia — Duration instant
Due to Syphilis + resultant toxemia — 3d.
Due to undiagnosed injection of neck —
Other Conditions aleukemic leukemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Baetjer M. D.
Address 1115 St Paul St Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 76954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northway Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts.
(If rural give location)
(e) If foreign born, how long in U/S. A.? years

3 (a) FULL NAME Samuel A. Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8/1853

8. AGE: Years 87 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Samuel Richardson
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Straughn
15. Birthplace Md.

16 (a) Informant Mrs. Van V. Klinefelter
(b) Address 206 Oakdale Road

17 (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Centerville, Md.
Location Centerville, Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

JAN 29 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28, 1941, at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1941, to Jan 28 1941, and that I last saw him alive on Jan 28 1941.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to Acute Bronchitis — 1 week

Due to Diabetes Mellitus — 5 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Richman M. D. M. D.

Address 6 E. Biddle St. Date signed

Huntington Williams, Md.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 76955
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Home
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRIET ODEN BOWIE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 9, 1855

8. AGE: Years	Months	Days	If less than one day
85	1	19	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William D. Bowie
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Oden
15. Birthplace Maryland

16 (a) Informant Hospital Records.
(b) Address Union Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director A. W. Jenkins Sons Co
(b) Address Orchard & Hoffman Sts

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1941, at 5-26 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1941, to Jan 28 1941, and that I last saw h[illegible] alive on Jan. 28 1941.

Immediate cause of death: Respiratory failure — Duration 22 hrs.
Due to ~~Cerebral~~ thrombosis of cerebral vessels — 2 mos 27 days ?
Due to Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Bamberger M. D.
Address Union Memorial Hosp. Date signed 1/28/41

Correct age as especially important. Physicians: please write the causes of death clearly and legibly.

F 76956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 76956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3432 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmella Borromeo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M

6 (b) Name of husband or wife Giuseppe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1889

8. AGE: Years	Months	Days	If less than one day
51	7	10	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Domenic Pelegardo
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Dantoni
15. Birthplace Italy

16 (a) Informant Giuseppe Borromeo
(b) Address 3432 N. Exeter St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director Frank V. Pistone
(b) Address 2818 E. Balto st

JAN 29 1941 (Date rec'd by registrar) (b) Hunington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION 35

20. DATE OF DEATH Jan 27 1941, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wyatt Vandegrift M.D. Medical Examiner.
Date signed 1/28/41

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 76957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 76957

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 E. 33rd St. 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Tillie Bothe Barber

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 E. 33rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas B. Barber

6. DATE OF BIRTH (month, day, year) Nov 1 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Michael Bothe

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Regina Krupp

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Marie H Deacon

(Address) 612 E 33rd st

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 30 - 41

19. UNDERTAKER Frank V. Pipitone

(Address) 2812 E. Balto st

20. FILED JAN 29 1941 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 19 41

22. I HEREBY CERTIFY, That I attended deceased from July 10, 19 39 to Jan 27, 19 41

I last saw her alive on Jan 17 19 41 Death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4 Years

Other contributory causes of importance:

Diabetes	10 Years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine M. D.

(Address) 612 E Biddle

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 76958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 76958

Registered No.

Please write plainly in ink or use typewriter. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 449 E 23rd St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 449 E 23rd St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Same

MOTHER

14. Maiden Name Mary Robinson

15. Birthplace Va

16 (a) Informant Isabell Washington

(b) Address 449 E 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co Md

18 (a) Funeral director Rayner Sanders

(b) Address 442 E. Preston St

19 (a) JAN 29 1941 (Date rec'd by registrar) (b) Huntington Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27, 1941, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to Jan 27 1941, and that I last saw her alive on Jan 27 1941

Immediate cause of death

Organic Heart Disease

Duration Hours Minutes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide S

(b) Date of occurrence S

(c) Where did injury occur? S (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert B Driscoll M. D.

Address VS'34 Date signed Jan 30

VS 3

F 76959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 76959

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3931 MT. PLEASANT ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3931 MT. PLEASANT ST. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3 (a) FULL NAME PHILLIP A. HARTMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	213-09-2678	MALE	WHITE	MARRIED

6 (b) Name of husband or wife WINIFRED HARTMAN

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MAY 27 1890

8. AGE: Years	Months	Days	If less than one day
50	8	1	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation BRICK LAYER

11. Industry or business

FATHER 12. Name AMBROSE HARTMAN

13. Birthplace GERMANY

MOTHER 14. Maiden Name DORA WAGNER

15. Birthplace BALTIMORE MD.

16 (a) Informant WINIFRED HARTMAN (WIFE)

(b) Address 3931 MT. PLEASANT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 31/41 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) ..... (b) ..... (Signature of registrar) Registrar

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 28 1941, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1941, to 1/27 1941, and that I last saw h[illegible] alive on 1/27 1941

Immediate cause of death

Coloid pneumonia

Acute Cardiac Dilitation

Duration 3 days

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature [illegible]

Address 3400 Shelley Date signed 1/28/41

F 76960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 76960

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 days

(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No.: 503 Oxford Street

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Tate

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Katie Hackett

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 7, 1886

8. AGE: Years: 54 | Months: 2 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland.

(Town, county, and state)

10. Usual Occupation: Delivery man

11. Industry or business: Richmond Market

FATHER

12. Name: Robert Tate

13. Birthplace: Virginia

MOTHER

14. Maiden Name: ~~xxxxxxxx~~ Jennie Jones,

15. Birthplace: Frederick, Maryland.

16 (a) Informant: Records-US Marine Hospital,

(b) Address: Baltimore, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 1-30-41 (month) (day) (year)

(c) Cemetery or crematory: U. S. National

Location:

18 (a) Funeral director: Adolphus Halstead

(b) Address: 918 Druid Hill Ave.

19 (a) JAN 29 1941 (Must not be filled by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23, 1941 to Jan. 25, 1941, and that I last saw him alive on Jan. 25, 1941

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J. Adams

Address: U. S. Marine Hospital, Baltimore, Md. Date signed: 1/29/41

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 76961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 76961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital 2 → 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Thames St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vlassis, Baby Boy Birth # F 22401

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. -----

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-22-41

8. AGE: Years * | Months * | Days - | If less than one day hr. 45 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wallace Vlassis
13. Birthplace Europe

MOTHER 14. Maiden Name Harriett Hagegeorge
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Wallace Vlassis
(b) Address 1716 Thames St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director A. Amoreau
(b) Address 1005 W. Baltimore St.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

JAN 29 1941
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22 1941, at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941, to 1/22 1941 and that I last saw h i m alive on 1/22/1941.

Immediate cause of death: Respiratory collapse — Duration 3/4 hr.
Due to: Prematurity.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hospital Date signed 1/22/41

Please answer all questions as especially important. Physicians: please write the causes of death clearly and legibly.

F 76962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

F 76962

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Arnoldie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Maybrook Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Agnes Gretchy Miller

3 (b) If veteran, name war — — —

3 (c) Social Security Account No. 212-09-0268

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband ~~or wife~~ J M Miller

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 11/3/907

8. AGE: Years	Months	Days	If less than one day
33	2 3	3 2 5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk Standard Oil Co

11. Industry or business

FATHER
12. Name William J Gretchy
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ann O'Brien
15. Birthplace Md

16 (a) Informant Mrs. W J Gretchy
(b) Address 311 Maybrook

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)
(c) Cemetery or crematory Carlstone Md
Location Date

18 (a) Funeral director J J Doherty Sons
(b) Address 610 Light St.

JAN 29 1941
(Date rec'd by registrar)

(c) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1941 to 12-28 1941, and that I last saw h[illegible] alive on 12-28 1941.

Immediate cause of death

	Duration
Pneumonia	1 WK
Due to Pulmonary Tbc	8 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Bruce
Address University Hospt Date signed 1-29-41

VS 3

F 76963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76963

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital 4-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Pr. Georges

(c) City or town Annandale

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Booth D. Ford Wiedefeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Cook.

11. Industry or business

FATHER 12. Name Aloysius Wiedefeld

13. Birthplace Germany

MOTHER 14. Maiden Name Josephine Schwartz

15. Birthplace Germany.

16 (a) Informant Booth. Visitor

(b) Address Annandale, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)

(c) Cemetery or crematory Annandale

Location Annandale, Md.

18 (a) Funeral director Floyd Lanier

(b) Address Laurel, Md.

19 (Date rec'd by registrar) JAN 29 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1941 to Jan 28 1941 and that I last saw h[illegible] alive on Jan 28 1941.

Immediate cause of death Acute Cardiac Dilatation

Duration 4 d.

Due to Coronary Thrombosis

Due to Hypertension CV Disease

Other Conditions Pneumonia, Lobar

6-7 d.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William C. Duffy M. D.

Address Mercy Hospital Date signed

V8 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 76964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V14

F 76964

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecelia Mc Crey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Baby Child.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1939.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	5 6	2		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or Business

FATHER — 12. Name	John Mc Crey.
13. Birthplace	Sumter S. C.
MOTHER — 14. Maiden Name	Eliza Shandler.
15. Birthplace	Sumter S. C.

16 (a) Informant Eliza Mc Crey
(b) Address 906 W Saratoga St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/1/1941 (month) (day) (year)

(c) Cemetery or crematory Lynchburg, Va
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St Huntington Williams, M.D.

19 (a) JAN 29 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1941, to Jan 28 1941, and that I last saw her alive on Jan. 28 1941.

Immediate cause of death Tuberculous meningitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. B. Graham M. D.
Address University Hosp Date signed 1-28-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 76965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address (If not in hospital) N. Caroline St
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Eutaw Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Alphonse Starr

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife: Anna E. Starr
6 (c) If alive, give age years
Nee Mooney

7. Birth date of deceased (mo., day, yr.): Aug 2, 1883

8. AGE: Years	Months	Days	If less than one day
57	5	26	hr. min.

9. Birthplace: Fort Washington Balto Co Md (Town, county, and state)
10. Usual Occupation: Clerk Courts House
11. Industry or business: Baltimore Md

FATHER
12. Name: Denis Francis Starr
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine A. Hyland
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs. Joseph L. Starr
(b) Address: 2024 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 31, 1941 (month) (day) (year)
(c) Cemetery or crematory: St. Joseph Texas Md
Location: Texas Balto Co Md

18 (a) Funeral director: Thos W. Carlin's Son
(b) Address: 924 E. Eager St

JAN 29 1941

19 (a) (Date received by registrar) (b) Registrar

VS 3 Subject To approval of Med. Exam. Howard A. Wilson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-28 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 1-28 1941, and that I last saw him alive on 1-28 1941.

Immediate cause of death	Duration
Hypertension Cardio-vascular Disease	unknown
Due to: Pulmonary Edema (acute)	unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: C. Milton Markin M. D.
Address: St Josephs Hospital Date signed: 1-29-41

F 76966
OF 62756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

133-B Registered No. F 76966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Laurens Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Elsie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1892

8. AGE: Years	Months	Days	If less than one day
49	0	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Samual Crawford
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Dorsey
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mgr. G. Kelso

18 (a) Funeral director Leo S. Kelso
(b) Address 1303 Presstman

19 (a) JAN 29 1941 Huntington Williams, M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27- 1941 at 5 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16- 1941 to 1-27- 1941 and that I last saw h[im] alive on 1-27- 1941

Immediate cause of death: Uremia — Duration: ?

Due to: Polycystic Kidneys — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis Crawford
Address Balto City Hosp. Date signed 1-28-41 M. D.

VS 3

Please see that information called for is carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 76967 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... or information should be carefully supplied. Th...

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: Balto- Villa Lorista

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 7803 Ardmore Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Joseph H. Kuhn

3 (b) If veteran, name war

3 (c) Social Security Account No. 714-05-6695

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Margaret Kuhn

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 30, 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	5	27		

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Expressman

11. Industry or business

FATHER
12. Name: Martin Kuhn
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Smith,
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 41 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer
Location: Belgin Road

18 (a) Funeral director: S. Walter May.
(b) Address: 619 N. BOULDIN. ST.

19 (a) ... (b) ... (Signature of registrar) Registrar

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1941 at 4:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26, 1941 to Jan. 27, 1941, and that I last saw him alive on Jan. 27, 1941.

Immediate cause of death	Duration
Aneurysm of the aorta	Unknown
Due to Luetic aortitis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: [signature]

Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed 1/28/41

F 76968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-M Registered No. F 76968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 2500 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Antonie Rickter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Michael Rickter (dec'd)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1854

8. AGE: Years	Months	Days	If less than one day
86	11	26 28	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Rixxxx Vrnik
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Charles Rickter (Son)
(b) Address 2500 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory St. Francis Cem.
Location Abington, Md.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) JAN 29 1941 (Date received by registrar) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1937 to Jan. 28 1941. and that I last saw her alive on Jan 27 1941.

Immediate cause of death Chr. Interstitial Nephritis — Duration years
General Arterio-sclerosis

Due to

Due to

Other Conditions Uraemia — 2 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(c) Means of injury

23. Signature Vincent D. Cooke
Address 845 N. Patterson Pk Date signed 1/29/41

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important

76969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 6-E

F 76969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garage
(c) Hospital or institution: 2223 Reisterstown Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1325 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivan V. Cannon

3 (b) If veteran, name war: ***

3 (c) Social Security Account No.: Unknown

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laura G. Cannon

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): April 15, 1900

8. AGE: Years: 40 | Months: 9 | Days: 13 | If less than one day: hr. min.

9. Birthplace: N.Y. State (Town, county, and state)

10. Usual Occupation: Druggist

11. Industry or business

FATHER
12. Name: John Cannon
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Anna Carroll
15. Birthplace: Unknown

16 (a) Informant: Mrs. Laura G. Cannon
(b) Address: 1325 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 30, 1941 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto. Md.

18 (a) Funeral director: Robert S. Little
(b) Address: 2700 Edmondson Ave.

19 (a) [illegible] (b) [illegible]

JAN 29 1941 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 28 1941, at 8 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Malnutrition	
Due to: Chronic Alcoholism	
Due to:	
Other Conditions: Lipomata of Omentum & Mesentery. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Wm B Vanderwerker M.D. Medical Examiner.
Date signed 1/28/41

THE CORRECT AGE IS ESPECIALLY IMPORTANT. Every item of information should be carefully supplied, with CAPITAL INK. Physicians: please write the causes of death clearly and legibly.

F 76970 OF 62493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 76970 Registered No.

Physicians: please write the causes of death clearly and legibly. Correct age is especially important. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 St. Paul Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Downey Eckert Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	22	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation WPA worker

11. Industry or business

FATHER
12. Name John Downey Eckert (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary V. Smith (a)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director George L. Eckert
(b) Address 2101 Frederick Ave.

19 (a) JAN 29 1941 (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941, to 1-28 1941, and that I last saw him alive on 1-28 1941.

Immediate cause of death	Duration
Uremia	72 hrs
Due to Acute glomerulonephritis ?	2 months
Due to	
Other Conditions Arteriosclerotic H-D	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold K. Rathbun
Address Balto. City Hosp. Date signed 1-29-41
M. D.

F 76971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 76971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 Christian st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life 20 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Christian st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Richard H. Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 25, 1861

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	9	3		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired Boiler Maker

11. Industry or business

FATHER
12. Name Benjamin Wilson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Fannie Owens.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Cora Hardesty
(b) Address 2219 Christian St.

17 (a) Burial (b) Date thereof 1-31-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George L. Schyrer
(b) Address 2101 Fredrick Ave.

19 (a) ..... (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 1/28/41

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76972 ✓ F 76972 (2)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ~~4~~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Heim

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine Heim
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28-1874

8. AGE: Years	Months	Days	If less than one day
66	6	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Undertaker's Assistant
11. Industry or business

FATHER
12. Name Heim
13. Birthplace Not Known

MOTHER
14. Maiden Name Catherine Sultan
15. Birthplace Not Known

16 (a) Informant Catherine Heim
(b) Address 2013 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/41 (month) (day) (year)
(c) Cemetery or crematory London Pk. Cem.
Location Frederick Rd.

18 (a) Funeral director John B. Miller
(b) Address 2334 Jefferson St.

19 (a) [illegible] (Date rec'd by Registrar) Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1941, at 5:39 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 - 1940, to Jan 25 - 1941, and that I last saw him alive on Jan 24 - 1941.

Immediate cause of death Myocardial Insufficiency
Pulmonary Edema
Due to Chronic Arthritis
Due to Cystectomy 8th Dorsal Vertebra
Other Conditions Herpes Zoster

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Keyser
Address 156 N. Milton Ave Date signed 1/28/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76973 ✓ F 76973 0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 McElderry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-2
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 McElderry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline G. Rittenbrush

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Adam Rittenbrush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13 - 1866

8. AGE: Years	Months	Days	If less than one day
74	11	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry L. Diering
13. Birthplace Md.

MOTHER
14. Maiden Name Christia Rauch
15. Birthplace Germany

16 (a) Informant George W. Rittenbrush
(b) Address 2518 McElderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30/41 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location North Ave. & Gay St.

18 (a) Funeral director or emb. H. McElroy
(b) Address 2304 Jefferson St.

19 (a) JAN 29 1941 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 7.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1941 to Jan 27 1941. and that I last saw h[illegible] alive on Jan 27 1941.

Immediate cause of death Intestinal obstruction in metastatic carcinomas of [illegible] Duration 3 days.
Due to Jejunum - jamming
Due to Left breast - operation
Due to 1939

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W. Rittenbrush M. D.
Address 4321 Park Ave. Date signed 1/29/41

VS 3

Please write in ink. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied. The

F 76974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 Maryland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --- 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 Maryland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Edwin M. Kesmodel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Emma Myohl
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1878

8. AGE: Years	Months	Days	If less than one day
62	5	27	--hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Paper Box Manufacturer
11. Industry or business

FATHER
12. Name Charles Martin Kesmodel
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emma Einbrodt
15. Birthplace Germany

16 (a) Informant Paul J. Kesmodel
(b) Address Severna Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Franklin Road

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) JAN 29 1941 Huntington Williams, Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2/40 19--, to 1/28/41 19--, and that I last saw h[illegible] alive on 1/28/41 19--.

Immediate cause of death — Duration
Cardiac Failure — 48 hrs.
Due to Myocarditis — 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C Hilton Smith M. D.
Address 811 Parkview Date signed 1/29/41

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 76925

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 957 Bennett Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William McGill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1902

8. AGE: Years	Months	Days	If less than one day
38	9	21	hr. min.

9. Birthplace Md. Va. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name John McGill
13. Birthplace Virginia

MOTHER
14. Maiden Name Carrie
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 29 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JAN 29 1941 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15-1941, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14-1940 to 1-15-1941, and that I last saw h[illegible] alive on 1-15-1941.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive CVD	
Due to Arteriolar nephrosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balt. City Hosp. Date signed 1-25-41

VS 3

6925

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76976 12716 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. B 76976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs. 17-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 690 Pierce Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Lucas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/15/1880

8. AGE: Years	Months	Days	If less than one day
70	2 4	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James
13. Birthplace Virginia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 29 1941
Commissioner of Health
18 (a) Funeral director
(b) Address Per H. A. Moore
19 (a) JAN 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17- 1941, at 9:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30- 1935 to 1-17- 1941, and that I last saw h~~e~~ alive on 1-17- 1941.

Immediate cause of death Cerebral Hemorrhage — Duration ?
Due to Hypertension & A.S. Heart Dis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Moore Williams M. D.
Address 1528 Eutaw Place Date signed 1-22-41

VS 3

1922

F 76977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

F 76977 Registered No.

Please type or print plainly in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1904 Hollins St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. 1904 Hollins St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Ward Hunter

3 (b) If veteran, name war — No

3 (c) Social Security Account No. 218-01-6361

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie C Hunter

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct 26th - 1892

8. AGE: Years	Months	Days	If less than one day
48	3	2	..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business ?

FATHER — 12. Name Howard Hunter

13. Birthplace Rightsville Md

MOTHER — 14. Maiden Name Sophie Wilkerson

15. Birthplace Baltimore Md

16 (a) Informant Minnie C Hunter

(b) Address 3026 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 - 1941 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location .....

18 (a) Funeral director Charles P Powell

(b) Address 2427 Edmondson Ave

19 (a) Filed (month) (day) (year) (b) Huntington Williams, M.D. Registrar

JAN 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Jan 27 1941, and that I last saw h alive on Jan 27 1941.

Immediate cause of death	Duration
Congestive Heart Failure	1 day
Due to Bronchial Asthma	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature Edward C Tatlow M. D.

Address 716 W. Read St Date signed 1-29-41

76978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 76978

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME CHARLES KRISCUNAS

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-03-0025

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1893

8. AGE: Years 47 | Months 10 | Days 25 | If less than one day — hr. — min.

9. Birthplace Kaunas Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business —

MOTHER / FATHER

12. Name John Krisciunas

13. Birthplace Kaunas Russia

14. Maiden Name Alena Krisciunas

15. Birthplace Kaunas Russia

16 (a) Informant John Krisciunas Brother

(b) Address 717 W. Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location 5102 Frederick Rd

18 (a) Funeral director C. Wellman Hagerstown

(b) Address 637 Wash. Blvd.

19 (a) JAN 29 1941 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-41 19 , at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1941, to 1/27 1941, and that I last saw him alive on 1/27 1941.

Immediate cause of death: Coronary Thrombosis — Duration: ?

Due to: Cardio-vascular renal disease — Duration: ?

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Joseph J. Banevans M. D.

Address 37 S. Stricker St Date signed 1/28/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-M Registered No. F 76979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Jefferson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME GIACINTA PETRILLI

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or ~~xxxx~~ late Antonio Petrilli
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1869

8. AGE: Years 71 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Priverno Italy
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business home

FATHER
12. Name Luigi Grassi
13. Birthplace Italy

MOTHER
14. Maiden Name Maddalena Bruschi
15. Birthplace Italy

16 (a) Informant B. Petrilli (Son)
(b) Address 829 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Bradley St.

JAN 29 1941 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1934, to Jan 27, 1941, and that I last saw h~~e~~r alive on Jan 1941.

Immediate cause of death
Carcinoma of Liver — Duration 8 mo
Due to Probably secondary to Gastric Carcinoma — Duration 2 mo ?
Due to — Duration 1934

Other Conditions Hypertension Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence M. Lena, M. D.
Address 104 N Madison St Date signed 1/29/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 76980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

Registered No. F 76980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Gay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Holden, Jr

3 (b) If veteran, name war	3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 9, 1940

8. AGE: Years	Months	Days	If less than one day
5	6	9	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Clarence Holden Sr.
13. Birthplace West Indies, British

MOTHER
14. Maiden Name Lucy Mae Scott
15. Birthplace Clifton Forge, Va

16 (a) Informant Mother
(b) Address 714 N. Gay St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/29-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md

18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave.

19 (a) Date received by registrar 1-29-1941 (b) Waiting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 8½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h— death on the day stated above.

Immediate cause of death Status thymicus lymphaticus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 1/28/41

VS 6

Correct [illegible] important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] WITH UNFADING INK.

390642
F 76981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 76981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 E. Chase (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Keene

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-28-76

8. AGE: Years: 64 | Months: 2 | Days: 29 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Chase
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Hallis
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 / 941
(c) Cemetery or crematory Dr. Chester Co Md
Location Dorchester Co Md

18 (a) Funeral director Robert T. Williams
(b) Address 1515 McElderry St

19 (a) (Date rec'd by registrar) (b) Huntingtown Williams, Md. (Registrar)

JAN 29 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 10:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1940 to Jan 27 1941 and that I last saw her alive on Jan 27 1941.

Immediate cause of death	Duration
Multiple pulmonary abscesses, R.L.L.	6 weeks
Due to Diabetes mellitus with acidosis	1 year
Due to Hemiparesis, rt.	6 days
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Multiple pulm. abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Billings M. D.
Address J. H. Hospital Date signed 1-27-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

76982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 76982 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Belair Rd
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto CARNEY VIEW (If outside city or town limits, write RURAL and give town)
(d) Street No. Dixie Ln near Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William I. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary S. Hall

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 25-1862

8. AGE: Years	Months	Days	If less than one day
78	5	1	hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant James M. Hall
(b) Address 3311 Wenchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn MK
Location Loveland Ave

18 (a) Funeral director Leonard Lynch
(b) Address 5305 Harford Rd

19 (a) JAN 29 1941 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941 at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan. 26 1941, and that I last saw h alive on Jan. 26 1941.

Immediate cause of death Uremia — Duration 4 days

Due to Arteriosclerotic cardio vascular renal disease — 2 years

Due to .....

Other Conditions mucous colitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature S A. Alessi M. D.
Address 6217 Harford Rd Date signed 1-26-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 76983
Registered No.

in Inf.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 11 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S Curley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME william Abrams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20, 1867

8. AGE: Years	Months	Days	If less than one day
73	9	4	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Oil. P.
11. Industry or business

FATHER
12. Name John
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Brooks
15. Birthplace Pa.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/41 (Month) (day) (year)
(c) Cemetery or crematory St Matthews
Location O'Donnell St.
(a) Funeral director John Uhrel
(b) Address 2008 Orleans St

19 (a) Jan 29 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-1941, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26-1939 to 1-24-1941 and that I last saw h alive on 1-24-1941.

Immediate cause of death

Gen. A-S.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 1-29-41 M. D.

76984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 76984

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

2003

3 (a) FULL NAME Lena Augusta Knorr

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Robert Knorr
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 27, 1857

8. AGE: Years	Months	Days	If less than one day
83	9		..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Gottlieb Hier
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Krug
15. Birthplace Germany

16 (a) Informant William R. Knorr
(b) Address 2027 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Marys
Location Baltimore Maryland

18 (a) Funeral director Frederick A. Cole
(b) Address 2208 W. Lombard St.

19 (a) ..... (b) ..... (Date rec'd by registrar)

Registrar for Williams MD

VS-5

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27th 1941, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1941, to Jan 27 1941, and that I last saw h er alive on Jan 27 1941.

Immediate cause of death: Broncho Pneumonia

Duration: 11 days

Due to Myocardial Degeneration

Duration: 10 days

Due to Arterio Sclerosis Cerebral Hemorrhage

Duration: .....

Due to Senility

Duration: .....

Other Conditions .....

Duration: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury None

23. Signature Howard Kahn
Address 2027 W Pratt St Date signed 1/30/41

correct. It is especially important. Physicians: please write the causes of death clearly and legibly.

76985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 95-B ✓ F 76985 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Towson, (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 Allegheny Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ~~Mrs~~ CAROLYN STIEBER PARKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife ——

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 22, 1922

8. AGE: Years	Months	Days	If less than one day
18	6	6	hr. min.

9. Birthplace Towson, Balto. Co. Md. (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Joseph S. Parker
13. Birthplace Maryland

MOTHER
14. Maiden Name Samantha M. Humphrey
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Samana M. Humphrey
(b) Address Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 JAN 29 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 11:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1941, to Jan 28 1941, and that I last saw her alive on Jan 28 1941.

Immediate cause of death	Duration
Embolism - ? cerebral	
Due to Rheumatic Heart Disease	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp Date signed 1-28-41
N. Chmiel

76986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

Registered No. 76986

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~75 Clay St.~~
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anerundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
Ward 9 Street No. 75 Clay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rachel Pinkney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	B.	Widow

6 (b) Name of husband or wife unknown
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 18 1878

8. AGE: Years	Months	Days	If less than one day
62 63	10	10	..... hr. ..... min.

9. Birthplace Parma. (Town, county, and state)
10. Usual Occupation Midwife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Hattie Pinkney
(b) Address 75 Clay st Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 | 2 | 41 (month) (day) (year)
(c) Cemetery or crematory Mount Hill
Location On Washington Blvd outside Annapolis Md

18 (a) Funeral director Chas H. Allen
(b) Address 43 & 45 N. Main Ave Annapolis Md

19 JAN 29 1941 (Date rec'd by local registrar) (b) Signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1941, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1941 to 1/29 1941 and that I last saw her alive on 1/28 1941.

Immediate cause of death: Hypostatic lobar pneumonia R. Partial epitheliod obstruction
Due to hemorrhage - gonorrhea and ~~ruptured~~ perinephritic abs.
Due to Site of hemorrhage not found.
Other Conditions Carcinoma of ovary.
(Include pregnancy within 3 months of death)

Duration: 2 d. 1 week

Major findings:
Of operations .....
Of autopsy above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Thos. Dugley M.D.
Address St. Joseph's Hospital Date signed 1/29/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2 ✓ F 76987

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPE OR PRINT WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Mentoncy Apts
(b) Street address — Entaw Pl & Hedian Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 14-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County — Balto
(c) City or town — Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. — Entaw Place & Hedian Ave (If rural give location) — W 11 St. 5N St.
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME — Mae E. Goldsmith

3 (b) If veteran, name war — —

3 (c) Social Security Account No. — 212-14-8442

4. Sex — Female

5. Color or race — White

6 (a) Single, married, widowed, or divorced. — Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) — Sept 10 1859

8. AGE: Years — 81 | Months — 4 | Days — 18 | If less than one day ____ hr. ____ min.

9. Birthplace — Balto Md (Town, county and State)

10. Usual Occupation — Pencil Mfg Co.

11. Industry or business

FATHER
12. Name — Edward Goldsmith
13. Birthplace — Germany

MOTHER
14. Maiden Name — Caroline Betzler
15. Birthplace — Germany

16 (a) Informant — Mabel Goldsmith
(b) Address — Mentoncy

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof — Jan 30 1941 (month) (day) (year)
(c) Cemetery or crematory — Har Sinai
Location — Balto Md

18 (a) Funeral director — Dan Goodman & Son
(b) Address — 1602 Entaw St.

19 (a) JAN 29 1941 (Date received by Registrar) — Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — Jan 28 1941, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1941, to Jan 28 1941, and that I last saw h[illegible] alive on Jan 28 1941.

Immediate cause of death — Acute dilatation of heart — Duration: 4 days

Due to — Arteriosclerosis + nephritis — 2 years

Due to (hypertension)

Other Conditions — Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — J. Frederick Lantz M. D.
Address — Temple Garden Date signed — 1-29-41

VS 3

76988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B ✓ E 76988

Registered No.

The ... Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2116 Dennison Ave
(c) Hospital or institution:
Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Dennison Ave (If rural give location)
3808 Chatham Rd.
(e) If foreign born, how long in U. S. A.? ... years

5-10

3 (a) FULL NAME Ellis David Hutzler

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha Hutzler
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1874

8. AGE: Years	Months	Days	If less than one day
66	1	20	... hr. ... min.

9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business office fixtures

FATHER
12. Name David Hutzler
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Mrs Bertha Hutzler
(b) Address 3808 Chatham Rd

17 (a) Baltimore Md Cem (b) Date thereof Jan 31/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Richmond Va
Location

18 (a) Funeral director David Lindheim & Son
(b) Address 1602 Eutaw Pl

19 JAN 29 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 19 41 at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23 1939 to Jan 29 1941, and that I last saw h[im] alive on Jan 29 1941.

Immediate cause of death Myocardial Degeneration — Duration 10 days
Due to
Due to Metastatic Carcinomatosis from
Other Conditions Prostate to Bony Skeleton
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Timrodek
Address Temple Gardens Apts Date signed 1/29/41 (M. D.)

VS 3

76989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 76989 Registered No.

The ... must be carefully supplied. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 S. Curley Str
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 S. Curley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anna Hromey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife John Hromey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25-1877

8. AGE: Years	Months	Days	If less than one day
63	10	2	hr. min.

9. Birthplace Austria, Hungary (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Joseph Hromey
(b) Address 814 S. Curley Str.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John F. Connelly
(b) Address Essex, Md.

19 (a) JAN 29 1941 (b) Huntington Williams M.D. Registrar

JAN 29 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941, to Jan 27 1941, and that I last saw her alive on Jan 27 1941.

Immediate cause of death
Generalized Atherosclerosis
Chr. Degenerative
Due to Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
Jan 1940
Jan 13, 41

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schumunk M. D.
Address 3428 East Ave. Date signed 1-27-41

M. D. B. 1268-0

76990

HEALTH DEPARTMENT—CITY OF BALTIMORE

76990

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Social Security Acc't. 216-10-6747

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. 22nd St. 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Edward Kinnin

(a) Residence: No. 414 E. 22nd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lula Kinnin

6. DATE OF BIRTH (month, day, year) 8 7 4

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Savings Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Kinnan

14. BIRTHPLACE (city or town) (State or country) Baltimore,

MOTHER

15. MAIDEN NAME Amelia Hain

16. BIRTHPLACE (city or town) (State or country) Baltimore,

17. INFORMANT Mrs. Lula C. Kinnan
(Address) 414 E. 22nd St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Loudon Park Date 1/30/ 1941

19. UNDERTAKER Mary M. Highfield
(Address) 501 E. 22nd St.

20. FILED JAN 29 1941 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937 to Jan 27, 1941

I last saw h... alive on 1-27 Jan 1941. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Coronary Thrombosis	1-27-41
(2) Angina Pectoris	1937
Other contributory causes of importance: Chronic Myocarditis	uncertain

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. R. Edwards M. D.

(Address) 4936 Park Heights Ave

v. s. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-8

F 76991 Registered No.

Please write clearly with pen or pencil. Any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Belvedere Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTIN R. AGUILAR

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Aimee Aguilar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 12, 1895

8. AGE: Years	Months	Days	If less than one day
45	2	16	hr. min.

9. Birthplace California (Town, county, and state)
10. Usual Occupation Bakery - Self
11. Industry or business

FATHER
12. Name Abraham Aguilar
13. Birthplace California

MOTHER
14. Maiden Name Virginia Moreno
15. Birthplace California

16 (a) Informant Mrs. Aimee Aguilar
(b) Address 3207 Belvedere Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1941, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1941 to Jan 28 1941, and that I last saw him alive on Jan 28 1941.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Subacute Bacterial Endocarditis	1 yr
Due to Strept. Viridans Septicemia	
Other Conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry A. Bruce M. D.
Address Emmitsburg Hospt. Date signed 1-28-41

VS 3

76992

HEALTH DEPARTMENT—CITY OF BALTIMORE

76992

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 N. Hilton St. 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia H. Romberger

If U. S. Veteran specify WAR

(a) Residence: No. 2 N. Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Arnold Romberger

6. DATE OF BIRTH (month, day, year) July 13, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Hoffmeister

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Carrie Lautenberger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mr. Arnold Romberger

(Address) 2 N. Hilton Street

18. BURIAL, [redacted]

Place Loudon Park Date 1/31/41 19

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.,

(Address) North & Pa. Avenues,

20. FILED JAN 30 1941 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to Jan 28, 1941

I last saw h[illegible] alive on Jan 28, 1941. Death is said to have occurred on the date stated above, at 7:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Hypertensive Cardiovascular Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M. Robinson M. D.

(Address) 244 N. Hilton St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should WRITE PLAINLY AND AVOID USE OF FIGURES EXACTLY.

F 76993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-D

FB 76993

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5315 St. George Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 St. George Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 10

3 (a) FULL NAME Kathryn D Townsend

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Howard E. Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 - 1897

8. AGE: Years	Months	Days	If less than one day
43	4	8	hr. min.

9. Birthplace Belfast N. I. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Michael O'Neil
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cullen
15. Birthplace Ireland

16 (a) Informant Mrs Howard E Townsend
(b) Address 5315 St George Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Wash Blvd Gwy Balto Md

18 (a) Funeral director Wm J. Dickerson & Sons
(b) Address North & Luzerne Aves

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JAN 30 1941

VS-1

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1941, at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to Jan 27 1941, and that I last saw h alive on Jan 27 1941.

Immediate cause of death Carcinoma of Uterus — Duration 1940 +

Due to

Due to

Other Conditions Metastases of Diag. Cancer, Mesentery — 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. V. Bosley M. D.
Address 501 Sheridan Av Date signed Jan 28

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76994

392156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 76994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No 1191 N. Gilmanith (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Nettie Halpern

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Whit | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Isreal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-?-76

8. AGE: Years 64 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Aaron Scherr
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Russia

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/41 (month) (day) (year)
(c) Cemetery or crematory Brai Israel Cong
Location Southern ave

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W Nath ave

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.D.

JAN 30 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29- 1941, at 550 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25- 1941, to 1-29- 1941, and that I last saw her alive on 1-29- 1941.

Immediate cause of death: Acute pulmonary edema
Bronchial pneumonia
Due to: Hyperten. C. V. disease
Due to:

Other Conditions: ? Pulmonary infarct (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. A. Tierney M. D.
Address J. H. Hospital Date signed 1-29-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76995

F 76995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N. Eutaw St., (Cecil apts) 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? 11-4 yrs. mos. ds.

2. FULL NAME Leonora B. Deager

(a) Residence: No. 1117 N. Eutaw St., 11 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): May 24 1881

7. AGE: Years 59 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John L. Seager

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Emma Barnaby

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Edward J. Seager

(Address) 112 W University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Cathedral Date: Jan 31, 1941

19. UNDERTAKER: Henry W Hopkins Sons

(Address) McCulloh & Orchard Sts

Registered: JAN 30 1941, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept — 1934 to Jan 29, 1941

I last saw her alive on Jan 29, 1941 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rt. Breast — Date of onset 6/20/40

Metastasis to bone lungs — 12/15/40

Other contributory causes of importance:

anorexia — 1/1/41

Name of operation: Radical Breast — Date of operation 9/27/40

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert B. Nitchie M. D.

(Address) 607 N. Charles St

Hereby Certified, With Caution, That This Is A Permanent Record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 76996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-B

F 76996 Registered No.

The information requested on this certificate is required by law (Sec. 5, Art. 43, Code of Public Local Laws of Baltimore City, 1927, as amended by Ordinance 1045, approved June 5, 1939). Failure to supply information or furnishing false information will subject informant to penalty of fine not exceeding $100.00. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E 24th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E 24th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	M

6 (b) Name of husband or wife Wm. Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	4	13		

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Pennell
13. Birthplace Del.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wm. Johnson
(b) Address 408 E 24th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Greenlawn Bolton
Location Balto. Co. Md

18 (a) Funeral director Mrs Frances A Hendley
(b) Address 578 N. Beddle St

19 (a) Filed JAN 30 1941 (b) Recorded by registrar

(c) Signature for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1941, at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Cause of death	Duration
Immediate cause of death: Leiomyomata uteri	
Due to: Central Insufficiency	7
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1-28-41

F 76997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-W

F 76997
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 5 26 Tyson St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Chapman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57 58			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Andrew Chapman
13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca Wilson
15. Birthplace Md.

16 (a) Informant Mary Chapman
(b) Address 1904 Druid Hill Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 N. Biddle St

JAN 30 1941 (Date rec'd by registrar)

(Signature of Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941 at 1 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 1/28/41

F 76998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 76998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1885

8. AGE: Years	Months	Days	If less than one day
55	4	3	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Harpon
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Sherman Mill Rd - Balto. Co. Md

18 (a) Funeral director John J. Haley Son
(b) Address 1317 Lemmon St.

19 JAN 30 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29-1940, to 1-24-1941, and that I last saw h[illegible] alive on 1-24-1941.

Immediate cause of death: Bronchopn. Cardiac Failure
Due to Hypertensive CVD

Duration
2 days
"
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopn. Cardiac Failure Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 1-29-41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 76999

F 76999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-a Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Martinez

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femane	White	Widowed

6 (b) Name of husband or wife Lutercio
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Edward McAdams
13. Birthplace ?

MOTHER
14. Maiden Name Catherine Dooley
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiederold
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) JAN 30 1941 (b) Filing No. 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1941 19 11 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 28 1941, and that I last saw ~~him~~ alive on Jan 27 1941.

Immediate cause of death — Duration

Edema of Lungs — 1 day
Due to
Acute Bronchitis — 2 Weeks
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall
Address 1631 E North Av Date signed 1-29-41 M. D.

F 77000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 Ellwood ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 S. Ellwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Bridget Mc Kay

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or ~~wife~~ George Mc Kay
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11. 1848

8. AGE: Years	Months	Days	If less than one day
92	7	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name James Higgins
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose O'Neill
15. Birthplace Ireland

16 (a) Informant Anna Mc Kay
(b) Address 812 S. Ellwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Old Frederick Rd.

18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore

19 (a) JAN 30 1941 (Date rec'd by registrar) Certificate filed by Dr. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1940 to Jan 28 1941, and that I last saw ~~her~~ alive on Jan. 29 1941.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Joseph Lowdy M.D.
Address 4441 S. Ellwood Av Date signed 1/30/41

VS 3

77001 × F 77001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Fill in all items. Insert "None" where necessary. If unknown or doubtful, state so. Give correct age in years. If less than one year, give months, days, hours, or minutes, as the case may be. Physicians: please write the causes of death clearly and give

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Chesaco Park (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Bridget St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Oliphant

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife J. Ellsworth
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Benj. Brohmeck
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Tregoe
15. Birthplace Md.

16 (a) Informant J. Ellsworth Oliphant
(b) Address 107 Bridget St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 1/30/41
(c) Cemetery or crematory Oak Lawn
Location Eastern and Bridget

18 (a) Funeral director J. A. Nolan
(b) Address 3002 E. Oldest St.

19 (a) JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1941, at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1941 to 1-27 1941, and that I last saw her alive on 1-27 1941.

Immediate cause of death
Metastatic carcinoma of liver
Due to
Papillary cystadenoma of ovary
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Kane M. D.
Address 14 N Eutaw Date signed 1-27-41

VS 3

F 77092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 77092

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 401 E. 23rd St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beulah Robinson (63087)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1909

8. AGE: Years	Months	Days	If less than one day
31	11	19	hr. min.

9. Birthplace S. Car.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Walter Barnhill (D)

13. Birthplace S. Car.

MOTHER

14. Maiden Name Estelle Williams (D)

15. Birthplace S. Car.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (b) Date thereof 2 / 41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Douglas Mem Cem
Location Catonsville Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pompa ave

19 JAN 30 1941 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1941, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1941 to Jan. 28, 1941, and that I last saw her alive on Jan. 28, 1941.

Immediate cause of death Tuberculosis of lung, far advanced — Duration > 3 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Martha F. Leonard M. D.

Address Balto. City Hospital Date signed 1-29-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Engrossing must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

- VS 8

F 77093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

F 77093 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 527 W. Mulberry st

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 527 W. Mulberry st
(If rural give location)

(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Charles Gillians

3 (b) If veteran, name war —

3 (c) Social Security Account No. 237-05-1823

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-28-1917

8. AGE: Years 23 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Carlisle S.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Hyram Gillian

13. Birthplace S.C.

14. Maiden Name Mamie Johnson

15. Birthplace S.C.

16 (a) Informant Robert Gillian

(b) Address 527 W. Mulberry st

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 1 30 41 (month) (day) (year)

(c) Cemetery or crematory Greensboro Cem

Location Greensboro Guilford Co N.C.

18 (a) Funeral director William A Jackson

(b) Address 916 Penna. ave

JAN 30 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941 to 1-29 1941. and that I last saw him alive on 1-29 1941.

Immediate cause of death: Lobar Pneumonia — Duration 1 wk

Due to Empyema Ed

Due to Influenza. — 3 wks

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Major findings:

Of operations ...

Of autopsy ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...

(e) Means of injury ...

23. Signature Jas R. Blake M.D.

Address 327 N. Central Date signed 1/29/41

VS 3

F 7700 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 92-D F 77004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 School St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Gail

If U.S. Veteran specify WAR .....

(a) Residence: No. 705 School St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ John Gail

6. DATE OF BIRTH (month, day, year) Feb. 17, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	54	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Basil Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Victoria Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Gail

(Address) 705 School St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 2/2/ 1941

19. UNDERTAKER Geo. L. Kelson

(Address) 1303 Pennsylvania Ave

20. JAN 30 1941 Huntington Williamsport Pa.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1941, to Jan 28, 1941

I last saw her alive on Jan 27, 1941. Death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Broken Compensation	1/8/41

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Graham Frey, M. D.

(Address) 1928 Penna. Ave

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated in years. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 77005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Martin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Paul Martin
13. Birthplace France

MOTHER
14. Maiden Name Mary A McEntee
15. Birthplace Ireland

16 (a) Informant Mary E Coggins
(b) Address 840 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Henry H Wright
(b) Address 4101 Edmondson Ave
JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1940 to Jan 28 1941 and that I last saw her alive on Jan 27 1941.

Immediate cause of death chronic myocarditis — Duration 2 yrs
Due to
Due to
Other Conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen, M. D.
Address 206 S. Eden St. Date signed 1/30/41

VS 3

62073-FD

F 77006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-c

Registered No. F 22006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-16-1886

8. AGE: Years	Months	Days	If less than one day
54	1	12	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Asa Inman
13. Birthplace N.Y.

MOTHER
14. Maiden Name Ida M. Holmast
15. Birthplace N.Y.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park Cemetery
Location Old Frederick Rd

18 (a) Funeral director Henry H. Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1941, at 11:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1940, to 1-28 1941, and that I last saw h~~e~~r alive on 1-28 1941.

Immediate cause of death Carcinoma of vagina & metastasis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney P. Ehrlich Jr. M.D.
Address Baltimore City Hosp. Date signed 1-28-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly.

VS 3

F 77007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 448

F 77007 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as possible. Physicians: please write the causes of death clearly and legibly. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5004 Norwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5004 Norwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME AMBROSE H. BAILEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katie M.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 26, 1871

8. AGE: Years	Months	Days	If less than one day
69	10	2	..... hr. ..... min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation P. W. A. Employee
11. Industry or business U. S. Government

FATHER
12. Name Daniel Bailey
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary E. Scarborough
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Katie M. Bailey
(b) Address 5004 Norwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Dickman & Sons
(b) Address North & Payson. (b) Hunting for Williams, M.D.

JAN 30 1941 (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1940, to Jan. 28 1941, and that I last saw him alive on Jan. 26 1941.

Immediate cause of death
(a) Hodgkins Disease
Due to .....
Due to .....
Other Conditions None

Duration
3 months

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Biopsy of gland
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Ave. Date signed 1/31/41

VS 2

F 77008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 E. Balt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Soman Roseman (AARON ROSEMAN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 60 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER 12. Name: Soloman Roseman

13. Birthplace: Russia

MOTHER 14. Maiden Name: Fezeda

15. Birthplace: Russia

16 (a) Informant: Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)

(c) Cemetery or crematory: Herring Run

Location: Rd Rd to Berwalyn Lane

18 (a) Funeral director: Jack Levine Inc

(b) Address: 1432 E. Balto St

19 (a) Date received by local registrar JAN 30 1941 (b) Registered by: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29-41 19 . at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1941 to 1/29 1941 and that I last saw him alive on 1/29 1941.

Immediate cause of death: pulmonary edema.

Due to: heart failure

Due to: hypertension arte

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Huntington M.D.

Address Sinai Hosp. Date signed 1-29-41

Bauver

HEALTH DEPARTMENT—CITY OF BALTIMORE

77009 77009

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH West Balto General Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dudeland & Rayner St., (Ward) 15 + D

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? 37 yrs. mos. da.

2. FULL NAME Samuel Bauver

If U. S. Veteran specify WAR

(a) Residence: No. 4012 Collgrove Lane St., Ward S.S 242-01-5739

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Estell Bauver

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel BAUER

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herbert Katz

(Address) Gardiner + Mt Meeker

18. BURIAL, [illegible] DATE OF FUNERAL 1/30/41

Burial (Date) 19

19. UNDERTAKER Jack Levin Inc

(Address) 1939 E. Baltimore St

20. FILED 19

JAN 30 1941 Hunting for Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1941 to Jan 28, 1941

that I last saw him alive on Jan 26, 1941. Death is said to have occurred on the date stated above, at 7 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 4 years

Generalized Abdominal metastases

Other contributory causes of importance:

Was an operation performed? yes Date of Jan 8, 1941

For what disease or injury? Carcinoma of stomach

Name of operation gastric entroenterostomy

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Wallenstein M.D.

(Address) W 39 H.

N. B.—WRITE PLAINLY. All information should be carefully supplied. Age must be stated. If not definitely known, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77010 ✓ F 77010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3526 Hickory Avenue
(c) Hospital or institution:
Md - University - Lombard & Green Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3526 Hickory Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie E. Evervin Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clarence L. Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Samuel E Evervin
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Ann Ford
15. Birthplace Baltimore

16 (a) Informant Norris Ware
(b) Address 3526 Hickory Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director A. S. Marshall
(b) Address 5539 Falls Road

19 (a) (Local Registrar) (b) Signature of Registrar

JAN 30 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1941, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 1-29 1941, and that I last saw her alive on 1-29 1941.

Immediate cause of death	Duration
Cardiac Decompensation	2 mos.
Due to Hypertensive C.V. disease	Years
Due to	
Other Conditions Diabetes Mellitus	8 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Brack M. D.
Address University Hospital Date signed 1-29-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 77011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77011 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Fordham Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorris Mc Gregor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow Divorced

6 (b) Name of husband or wife John A McGregor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28/1861

8. AGE: Years	Months	Days	If less than one day
79	7	1	hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Abraham C Hartman
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Katherine Boyd
15. Birthplace Maryland.

16 (a) Informant Roger E McGregor.
(b) Address 4307 Fordham Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 1/1941 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Balto Md.
18 (a) Funeral director Harry H. Armacost
(b) Address 4204 Parkwood Ave

JAN 30 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1941, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 1-29 1941, and that I last saw her alive on 1-29 1941.

Immediate cause of death Degen Cardio Vas dis

Duration 1 wk

Due to Arteriosclerosis
Hypertension

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Parlow M. D.
Address St Agnes Date signed 1/29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in all items. Do not omit age is especially important. Physicians: please write the causes of death clearly and legibly.

77012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 77012

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard.
(c) City or town Rural n. Long Corner (If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. Mt. Airy - Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia E. Sharp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Lawton T. Sharpe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day hr.	min.
38 39				

9. Birthplace Howard Co. Maryland (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name Robert N Earle
13. Birthplace Del Cand.

MOTHER
14. Maiden Name Annie Klein
15. Birthplace Va.

16 (a) Informant M. Lawton T. Sharpe
(b) Address Mt. Airy Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Harmony
Location Coolesville, Howard Co Md

18 (a) Funeral director C. M. Wall
(b) Address Winfield Md

JAN 30 1941 (Date rec'd by registrar)

(a) (b) Huntington West Virginia U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941, to Jan 29 1941, and that I last saw her alive on Jan 29 1941.

Immediate cause of death Lobar pneumonia — Duration 3 days
Due to Sleep. Virulens
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Consolidation of Both Lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry A Brill M. D.
Address University Hospt Date signed 1-30-41

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 77013

BALTIMORE CITY HEALTH DEPARTMENT

cc 62202

CERTIFICATE OF DEATH

93-D

Registered No. F 77013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Slemmers Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Guglieri

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Louise (a)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1864

8. AGE: Years	Months	Days	If less than one day
? 76	9 ?	?	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ?Carlo Guglieri
13. Birthplace Italy

MOTHER
14. Maiden Name ?Caterina Gregori
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) JAN 30 1941 (Date received) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1941, at 8 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28-1940, to 1-28-1941 and that I last saw h[illegible] alive on 1-28-1941.

Immediate cause of death Cardiac failure — Duration ?
Due to A-S. HT Dis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-28-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ a physician to fill out the certificate if possible. Be sure to give full name, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3901852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 77014 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Baltimore (Drumm ville) (If outside city or town limits, write RURAL and give town)
(d) Street No. 121-63rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Loretta Kahler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-40

8. AGE: Years | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Kahler

13. Birthplace Md

MOTHER 14. Maiden Name Dorothy McGlagrye

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)

(c) Cemetery or crematory Mon Lutheran

Location Balto Co. Md

18 (a) Funeral director Lassahn Funeral Home

(b) Address 7701 Belair Rd.

19 (a) JAN 30 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 120 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1940 to 1-30 1941, and that I last saw her alive on 1-30 1941.

Immediate cause of death: Prematurity

Due to: Furunculosis

Duration: 4± wks. 9 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollack J.H.H.

Address Date signed 1-24-41

F 77015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 Registered No. F 77015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 1-5 438 Cornwall Lt. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Derr Burial No 22467

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 day 1-25-41

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George Richard Derr
13. Birthplace St. Claire Mines

MOTHER
14. Maiden Name Annie Mae Smith
15. Birthplace Bertsville S.C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical School JAN 30 1941
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 JAN 30 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941, at 6 47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 19 41, to 1-26 19 41 and that I last saw him alive on 1-26 19 41.

Immediate cause of death: Anencephalus — Duration
Due to: Hydrocephalus
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Wm B.L. Seegar Jr. M.D.
Address University Hospital Date signed Jan 26-41

VS 3

6230

F 77016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 E. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Hill (61287)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1862

8. AGE: Years	Months	Days	If less than one day
78	7	11	hr. min.

9. Birthplace Maine (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frederick Hill (D)
13. Birthplace ??

MOTHER
14. Maiden Name Susan Pierce
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Hope
Location Worcester Mass.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

JAN 30 1941 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1941, at 11:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16, 1941 to Jan. 29, 1941 and that I last saw h[illegible] alive on Jan. 28, 1941

Immediate cause of death: Pulmonary tuberculosis Probably — Duration 2 yrs.
TB. laryngitis

Due to

Due to

Other Conditions Benign prostatic hypertrophy — Duration 8 yrs.
operated on 12-23-40
(Include pregnancy within 3 months of death)

Major findings:
Of operations Benign prostatic hypertrophy
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha D Leonard M. D.
Address Balto. City Hospitals Date signed 1-29-41

Spec.—2-20-23—L. F. S.—500 Blks.

F 77017 ✓ F 77017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Childrens Hospital School Greenspring Ave & Keyworth ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Busters-

(a) RESIDENCE NO. 223 N. Calhoun ST. 19-2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 11 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Child.

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-23-27

7 AGE — Years: 13 — Months: 11 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child-

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Benjamin Busters.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynchburg Va

12 MAIDEN NAME OF MOTHER: Ida Parks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lynchburg Va ✓

14 Informant: Father -

(Address): 223 N. Calhoun St

15 Filed JAN 30 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-27-41

17

I HEREBY CERTIFY, That I attended deceased from Jan 31, 19 39, to Jan 27, 19 41,

that I last saw h[illegible] alive on Jan 26, 19 41

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Spine & R. Hip.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Multiple secondarily infected abscesses (duration) 2 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes -

What test confirmed diagnosis? X-Rays - Left Findings

(Signed) Robert W Johnson Jr M. D.

, 19 (Address) 4 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: 1-31-1941

20 UNDERTAKER: Isaac L. Brown & Son

ADDRESS: 1[illegible] W Montgomery

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated in YEARS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

77018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. F 77018

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 E. 20th st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 E. 20th st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles William Bonnett

3 (b) If veteran, name war: 10

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Fredericka S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1868

8. AGE: Years	Months	Days	If less than one day
73	0	10	hr. min.

9. Birthplace Hagerstown Md. 1935
(Town, county, and state)

10. Usual Occupation Retired Locomotive Engineer

11. Industry or business Western Md R. R.

FATHER
12. Name Franklin Bonnett
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah L. Bard
15. Birthplace Hagerstown Md

16 (a) Informant Mrs F. S. Bonnett
(b) Address 406 E. 20th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Gibson & Co
(b) Address 219 N. Howard

JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1938 to Jan 29 1941, and that I last saw h[im] alive on Jan 20 1941.

Immediate cause of death: Coronary Thrombosis — Duration Sudden

Due to: hypertension Cardio Vascular Disease — Duration ?

Due to: Arteriosclerosis — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 106 E. Preston St Date signed Jan 30 1941

PLEASE WRITE PLAINLY, with ink or indelible pencil. Physicians: please write the causes of death clearly and correct age is especially important.

Med 770 Return case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 77019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 E 33 2d fl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Ryan

3 (b) If veteran, name war —
3 (c) Social Security Account No. NBE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23rd 1876

8. AGE: Years	Months	Days	If less than one day
64	11	6	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation maid
11. Industry or business Johns Hopkins Hospital

FATHER
12. Name John Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary -
15. Birthplace Ireland

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1327 St. Paul St
19 (a) JAN 30 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 9.50 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1941, to 1-29 1941, and that I last saw her alive on 1-29 1941.

Immediate cause of death: Coronary occlusion; Due to: Coronary thrombosis of left coronary artery.
Duration: about 2 hrs.

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ruth Mueller
Address J.H.H. Date signed 1-29

M. J. Maldeis M. D.
per E. G. Brantigan

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

77920

OF 62325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 77020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 N. Register Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Jordon

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife: Frank (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Edward Dorsey (d)
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Cather (d)
15. Birthplace Baltimore, Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Darlington
Location Harford Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 JAN 30 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28- 1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2- 1941, to 1-28-1941, and that I last saw h-d alive on 1-28-1941.

Immediate cause of death
Lobar pneumonia
Cerebral thrombosis
Due to Gen. A-S.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 hrs
6 mos
7

Major findings:
Of operations
Of autopsy Pneumonia Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 1-29-41

PLEASE WRITE PLAINLY, with ink. Fill in all blanks. Be sure and answer every question. Do not report "unknown" if the information can be obtained, and do not return the certificate without providing the data possible. Underlining is necessary. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

VS 3

77021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a F 77021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Arabia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L Scoggins

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Mary Scoggins
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept 14 1885

8. AGE: Years	Months	Days	If less than one day
55	4	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Wholesaler
11. Industry or business Sea Food

FATHER
12. Name John T. Scoggins
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary L. Barnitz
15. Birthplace Pa

16 (a) Informant Dorothy Van
(b) Address 4300 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JAN 30 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1941 to Jan 29 1941 and that I last saw h[illegible] alive on Jan 29 1941.

Immediate cause of death	Duration
a Myocardial Failure	
Due to b Chronic Alcoholism	
Due to	
Other Conditions Cirrhosis of Liver, Pneumonia, Contributory	

(Whether pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy M. D.
Address Mercy Hospital

PLEASE WRITE PLAINLY; with ink. Physicians: please write the causes of death clearly and correct age is especially important.

77022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ F 77022 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 0 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 757 McCabe Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora V. Drury

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Charles B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2nd 1850

8. AGE: Years	Months	Days	If less than one day
90	1	26	hr. min.

9. Birthplace Washington D.C. (town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Nursing Home

FATHER
12. Name Sidney De Camp
13. Birthplace N. Y. State

MOTHER
14. Maiden Name Mary Everett
15. Birthplace Pa.

16 (a) Informant R. Lawson Drury
(b) Address 757 McCabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JAN 30 1941 (Date received by registrar) Christopher Williams (Signature of registrar)

VS 2

PLEASE WRITE PLAINLY, with ink. Fill in all blanks. Be sure to answer each question. Do not leave any blanks. If none, write none, or insert 0 (zero) where the word "none" does not answer the question. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28th 1941, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1940 to Jan 28 1941. and that I last saw h[illegible] alive on 1/28/41 19

Immediate cause of death: Cystoma Sclerosis & Chronic Myocarditis — Duration: 12 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer Lip August 1929 no
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Whalen M. D.
Address 1305 York Date signed 1/30/41

77023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-e

F 77023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E Monument
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Monument & Amst
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Ella Whitehill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
71	-		hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Whitehill
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa
15. Birthplace Not Known

16 (a) Informant Madame Whitehill
(b) Address Balto & Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31/41 (month) (day) (year)
(c) Cemetery or crematory Bally Nelson
Location Balto

18 (a) Funeral director Dan Sondheim & Son
(b) Address 1402 Eutaw Pl

19 Date of death JAN 30 1941 (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29/41 19 , at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 19 41 to 1/29 1941, and that I last saw h alive on 1/29 19 41.

Immediate cause of death: Cerebral hemorrhage — Duration 4d.

Due to: Hypertension.

Due to:

Other Conditions: Arteriosclerosis Cardiac enlargement.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Cerebral arteriosclerosis & encephalomalacia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Stern M. D.
Address Sinai Hospital Date signed 1/30/41

PLEASE WRITE PLAINLY, with ink. Please do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77024
398450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77024
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Either typewriting or lead pencil must not be used. Please do not abbreviate. Give full name of city or county. Do not use ditto marks. Be sure to answer each question. If none, or not applicable, write none. Do not leave any blanks. Please see that your answers are full and complete and that they are correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town ~~Frederick~~ Rockville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lincoln Park
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy RANdolph

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Milton
6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 6-19-20

8. AGE: Years	Months	Days	If less than one day
20	6	12	hr. min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Herbert Fredericks
13. Birthplace Frederick Co Md.

MOTHER
14. Maiden Name Adele ?
15. Birthplace Frederick Co Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/41 (month) (day) (year)
(c) Cemetery or crematory Centerville
Location Centerville, Md.

18 (a) Funeral director Harry E. Canty Co.
(b) Address Frederick, Md.

19 (a) JAN 31 1941 (Date rec'd by Registrar) (b) Huntington Hill, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 30 1941, at 540 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1940 to JAN 30 1941, and that I last saw h[illegible] alive on JAN 30 1941.

Immediate cause of death	Duration
Carcinoma of ~~[illegible]~~ Colon, E metastases to both lungs.	2 mo.
Due to	
Due to	
Other Conditions Gastro-colic fistula Communicating also c left lung.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged scientifically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Billings M. D.
Address J. H. Hospital Date signed 1-30-41

77025
891948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 77025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Paw Paw (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vernon Sirbaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-11

8. AGE: Years	Months	Days	If less than one day hr.	min.
29	9	3		

9. Birthplace Md — (Town, county, and state)

10. Usual Occupation Apple picker

11. Industry or business

FATHER
12. Name Frank Sirbaugh
13. Birthplace W Va —

MOTHER
14. Maiden Name Martha Bailey
15. Birthplace Md —

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Woodrow
Location W. Va.

18 (a) Funeral director John E. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) Date received by registrar JAN 31 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1941 to Jan 30 1941 and that I last saw him alive on Jan 26 1941.

Immediate cause of death: Respiratory failure — Duration 4 hrs

Due to: Malignant glioma cervical cord. — Duration 1½ yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Offermann. M. D.

Address J. H. H. Date signed 1-30-41

77026 Owen Sales 95-c F 77026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employers of deceased persons should correct age if specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Hiker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Owen Sales

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26-1913

8. AGE: Years	Months	Days	If less than one day
27	3	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer odd jobs
11. Industry or business

FATHER
12. Name Charles Sales
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie Brown
15. Birthplace Va.

16 (a) Informant Pearl Howe
(b) Address 1413 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cemetery
Location B.C. County Md.

18 (a) Funeral director Mrs. R. A. Elliott-Daughter
(b) Address 1129 N. Caroline St.

19 (a) Filed by (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1941, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1941, to 1-29 1941, and that I last saw him alive on 1-29 1941.

Immediate cause of death — Duration

Coronary Thrombosis — 2 days?

Due to

Due to

Other Conditions Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Musser M. D.
Address Provident Hospital Date signed 1-29-41

VS 8

77027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a E 77027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made in this office. Do not write in space below. Copy or reproduction not acceptable. Do not fold. Do not use pencil. If information is not known or is not applicable, write "unknown" or "N. A." (not applicable) so that no space will be left for additional entries. Certificate must be completed, signed and filed with the Registrar of Vital Statistics within 5 days after death. Burial permit will not be issued until certificate is filed. Information must be typewritten or written with pen and ink. Do not abbreviate except as directed. Items must be answered accurately, completely and correctly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1845 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1845 S Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles L. Smith
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 705-10-3982
4. Sex m
5. Color or race w
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Theresa A. Smith
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Feb. 18, 1876
8. AGE: Years 64 Months 11 Days 10 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Railroader
11. Industry or business B & O
FATHER 12. Name George Smith
13. Birthplace Unknown
MOTHER 14. Maiden Name Sarah Baker
15. Birthplace Unknown
16 (a) Informant Mrs. Theresa Smith
(b) Address 1845 S. Charles St
17 (a) Holy Cross Cem (Burial, cremation, or removal) (b) Date thereof Jan 31/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem. Location Annapolis Rd.
18 (a) Funeral director Fred S. Evans & Son (b) Address 1216 S. Charles St.
19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1941, at 5:55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Jan 28 1941 and that I last saw h[illegible] alive on Jan 28 1941.

Immediate cause of death	Duration
Acute coronary occlusion	1 day
Due to Bronchial asthma	7 mos
Due to Chronic Bronchitis	7 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isaac Miller M. D.
Address 1225 S Charles Date signed 1/30/41

VS 3

77028

F 77028

BALTIMORE CITY HEALTH DEPARTMENT

CC 62129 **CERTIFICATE OF DEATH** 47-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town).
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Willback (August A. Willbaok.)

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married Separated

6 (b) Name of husband or wife Genevieve -Powers)

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 27, 1881

8. AGE: Years	Months	Days	If less than one day
59	10	2	hr. min.

9. Birthplace Maryland Baltimore
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Unemployed

FATHER
12. Name August Willback
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Hall
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location North W + Pine Sts

18 (a) Funeral director George J. Talbot & Son
(b) Address 1224 Harford Ave

19 (a) JAN 31 1941 (Date rec'd by registrar) (b) Huntingtown, Calvert Co., Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1941, at 5:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26 1940, to 1-29 1941, and that I last saw him alive on 1-29 1941.

Immediate cause of death	Duration
Superior sulcus tumor	
Due to	
	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry F. Lyden M. D.
Address Lusby, Calvert Co., Md. Date signed 1-30-41

PLEASE WRITE PLAINLY, with ink. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 77029

F 77029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2019 E Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 E Biddle
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Young Lein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frederick Young Lein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1866

8. AGE: Years 74 | Months 10 | Days 27½ | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name O. Muth

13. Birthplace Germany

MOTHER 14. Maiden Name Dora Lenz

15. Birthplace Germany

16 (a) Informant Mrs Amelia Burdette

(b) Address 2019 E Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/1941 (month) (day) (year)

(c) Cemetery or crematory Western Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 200 E Lanvale St

19 (a) (Registrar) (b) Huntington Williams, M.D.

JAN 31 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4, 1940, to Jan. 29, 1941, and that I last saw h[illegible] alive on Jan 29 1941.

Immediate cause of death Acute Myocardial Failure — Duration: Immediate

Due to Acute Cardiac dilatation — 5 mos.

Due to Hypertension — 5 mos.

Due to Chronic Myocarditis — 5 mos.

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank N. Updegraff M. D.

Address 2701 N. Calvert St Date signed Jan 27 41

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77030 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to answer every question correctly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Aged Home - Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Monument + Ratcliffe (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Dora Blomberg (DORA BLOMBERG)

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis Blomberg
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Balsa
13. Birthplace Russia

MOTHER
14. Maiden Name Esther MacLerman
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Rd.

18 (a) Funeral director Jack Sims Inc.
(b) Address 1439 E. Baltimore St

19 (a) JAN 31 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1941, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1941 to 1/29 1941, and that I last saw her alive on 1/29 1941.

Immediate cause of death: bronchopneumonia — Duration: over

Due to heart failure

Due to hypostatic

Other Conditions hemiplegia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Hecht Jr.
Address Sinai Hosp. Date signed 1/31/41

F 77031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61

F 77031

Registered No.

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 58

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Bruceville Md (If outside city or town limits, write RURAL and give town)

(d) Street No. R F D (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Gorsuch

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Gorsuch

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): July 15 - 1941 73

8. AGE: Years 67 | Months 6 | Days 25 | If less than one day: hr. min. 15

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Domestic wife

11. Industry or business

FATHER

12. Name: James Lambert

13. Birthplace: Md

MOTHER

14. Maiden Name: Julia Ziengler

15. Birthplace: Md

16 (a) Informant: Joseph Gorsuch

(b) Address: Bruceville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1941 (month) (day) (year)

(c) Cemetery or crematory: Pipe creek

Location: Gatrall Plot Md

18 (a) Funeral director: C. O. Fuss & Son

(b) Address: Taneytown Md

JAN 31 1941 (Date rec'd by Registrar) (b) Taneytown, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1941, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1940 to 1-30 1941, and that I last saw her alive on 1-30 1941.

Immediate cause of death Carcinoma Insufficiency — Duration

Due to Hypertensive Cardio Vascular Disease

Due to Diabetes Mellitus

Other Conditions Carcinoma of Mouth, large

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John P. Ulrich Jr M. D.

Address Franklin Square Hosp. signed 1-31-41

77032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 77032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MO 6 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary D. Barry

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife John R. Barry
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 25, 1864

8. AGE: Years	Months	Days	If less than one day
76	4	5	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation HW.
11. Industry or business

FATHER
12. Name Samuel A. Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Maria D. Brissell
15. Birthplace Washington D. C.

16 (a) Informant Daughter
(b) Address 411 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore - Md.

18 (a) Funeral director Wm. Tuckner & Sons
(b) Address 4th & Pa Aves

JAN 31 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 5 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1940 to Jan 30 1941, and that I last saw h[illegible] alive on Jan 30 1941.

Immediate cause of death: Cardiac Dilatation — Duration 1 hr.
Due to: Myocardial Degeneration
Due to:
Other Conditions: Bronchopneumonia — 3 days
Chr. Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature William C. Duff M. D.
Address Mercy Hospital Date signed

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 77033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 F 77033 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 N. Bentalou Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Bentalous Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CONRAD H. KRAFT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1868

8. AGE: Years	Months	Days	If less than one day
72	7	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Harness Maker - Retired
11. Industry or business

FATHER
12. Name Henry Kraft
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Kann
15. Birthplace Germany

16 (a) Informant Mr. C. Harry Kraft
(b) Address 22 N. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JAN 31 1941 (Date rec'd by registrar) (b) Registrar

Huntingtown Millidue, Md

V8 2

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1941, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940, to Jan 29 1941, and that I last saw h[illegible] alive on Jan 29 1941.

Immediate cause of death

Cerebral Hemorrhage.

Due to Arteriosclerosis.

Due to age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
5 da
several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Med. arts Bldg. Date signed

F 77034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77034 30-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 N Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Edward Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-4161

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Separated

6 (b) Name of husband or wife Esther Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Canton Lumber Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Esther Jenkins
(b) Address 134 S. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brentley ave

JAN 31 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 4 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Syphilitic aortitis with Aortic insufficiency	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh Vanderwerker M.D. Medical Examiner.
Date signed 1/31/41

F 77035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 77035

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Bond Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Campfield

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	217-09-3803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mary Campfield
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1883

8. AGE: Years	Months	Days	If less than one day
57	10	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Foote Packing Co

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Mary —
15. Birthplace Maryland

16 (a) Informant: Mary Campfield, wife
(b) Address 417 N. Chapel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Loth Ln.

18 (a) Funeral director Peter H. Young
(b) Address 804 N. Caroline St.

JAN 31 1941

(Date received by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1941, at 1:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Lobar Pneumonia — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 1-29-41

77036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4028 Pennington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Frank Matuchi

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Helen Kolodziejska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1886

8. AGE: Years	Months	Days	If less than one day
54	4	28	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Thomas Matuchi
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Geuthia
15. Birthplace Poland

16 (a) Informant Helen Matuchi
(b) Address 4028 Pennington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

(b) Huntington Millgate Md

JAN 31 1941 (Date received by registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 1/30/41

F 77037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77037 Registered No.

PLEASE WRITE PLAINLY, WITH PEN AND INK. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Poshia Heard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife Marshall Heard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
77 76			hr. min.

9. Birthplace Macon, Ga. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Stalin Freeman
13. Birthplace Ga

MOTHER
14. Maiden Name Agness ?
15. Birthplace Ga.

16 (a) Informant Luther Heard
(b) Address 624 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) (b)

JAN 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28-1941, at 5:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Spontaneous	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Moreland M.D. Medical Examiner.
Date signed 1-29-41

F 77038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 77038 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME J. Harry Happel (JOHN HENRY)

3 (b) If veteran, name war World War | 3 (c) Social Security Account No. 213-10-0262

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret Happel
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Nov 30 1896

8. AGE: Years	Months	Days	If less than one day
44	1	29	hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Repairman
11. Industry or business Balto Transit Co

FATHER
12. Name John Happel
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna C Bein
15. Birthplace Germany

16 (a) Informant Geo. C Happel
(b) Address 9 Edgevale Rd Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Henry H Jenkins Sons
(b) Address McCulloh & Orchard Sts

19 (a) ..... (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

JAN 31 1941 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941 at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) ..... find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Commutating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/28/41
(c) Where did injury occur? 1320 Linden Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Rooming house While at work? (Specify type of place)
(e) Means of injury Illuminating gas jet - bed room

23. Signature H. H. Wandell Jeff M.D.
Medical Examiner.
Date signed 1/28/41

77039 OF 61788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561 Registered No. F 77039

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Madison Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Elsie Slater

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Thomas (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, ? 879

8. AGE: Years	Months	Days	If less than one day
Abt. 61 ?	8	20	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation maid
11. Industry or business

MOTHER / FATHER
12. Name William Henry Thomas
13. Birthplace ?
14. Maiden Name Mama Kelly
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

JAN 8 (Date received by registrar) Mortician for Williams & Sheppard

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1941, at 8⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941, to 1-28 1941, and that I last saw her alive on 1-28 1941.

Immediate cause of death	Duration
Supra-sellar cyst (Brain tumor)	?
Due to post-operative shock	24 hrs.
Due to	a.m.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Craniotomy 1-27-41 Brain tumor
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney P. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 1-29-41

77040 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77040 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Boone

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70 ?			hr. min.

9. Birthplace (Town, county and state)
10. Usual Occupation
11. Industry or business Unable to get further information

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annapolis Rd

18 (a) Funeral director Adolphus Holstead
(b) Address 948 Druid Hill Ave.

19 JAN 31 1941 (b) Huntingtor Williams, M.D.
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-1941, at 11 42 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24-1941, to 1-24-1941, and that I last saw him alive on 1-24-1941.

Immediate cause of death Cerebral Hemorrhage
Due to Uremia
Due to Gen. A-S.
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. A-S.

Duration
1-2 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving McClain M. D.
Address Balto City Hosp Date signed 1-29-41

H 77041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83-D

F 77043 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Lawnview Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Lawnview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

8-1

3 (a) FULL NAME J. Webb Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: M. Eliz. Phebus

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 5 1873

8. AGE: Years 67 | Months 109 | Days 25 | If less than one day: hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual Occupation Registrar

11. Industry or business

FATHER
12. Name John W. Thomas
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Elizabeth Tunnell
15. Birthplace Dorchester Co. Md.

16 (a) Informant J. Owen Thomas
(b) Address 3110 Lawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light St.

JAN 31 1941 (Date rec'd by registrar) (Signature) Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1941, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 1-30 1941, and that I last saw him alive on 1-30 1941.

Immediate cause of death	Duration
Heart Failure	1-30-41
Left Hemiplegia Cerebral	1-27-41
Due to Malignant Hypertension	3 yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Fleming M. D.
Address 3025 Belair Road Date signed 1-30-41

VS 3

F 77042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 77042
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7123 Chambers Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7123 Chambers Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Poulter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife George A. Poulter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1867

8. AGE: Years 71 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frederick Walsmith
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Hilda Heron (Heron)
(b) Address 7123 Chambers Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) (day) (year)
(c) Cemetery or crematory Carlwood
Location Leonard Funeral Home

18 (a) Funeral director Leonard A. Rush
(b) Address 5305 Harford Rd.

19 JAN 31 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 19 41, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941 to 1-29 1941, and that I last saw h[illegible] alive on 1-29 1941.

Immediate cause of death Chronic Myocarditis — Duration

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Diabetes Mellitis
Chronic diffuse Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Rat M. D.
Address 7105 York Rd. Date signed 1-30-41

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 77043 ✓ F 77043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2630 Quigsmith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2638 Quigsmith st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Mathias

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Irving W. Mathias
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 28 874

8. AGE: Years	Months	Days	If less than one day
66	11	-	hr. min.

9. Birthplace Westernport Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name John C. Schwartz
13. Birthplace Balto Md

MOTHER
14. Maiden Name Jane Howard
15. Birthplace Md

16 (a) Informant Irving W. Mathias
(b) Address 2630 Quigsmith St

17 (a) Burial (b) Date thereof 1-31-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Rd.

JAN 31 1941 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

PLEASE WRITE PLAINLY, with pencil or pen. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1940, to Jan 28 1941, and that I last saw h[illegible] alive on Jan 28 1941

Immediate cause of death Carcinoma of Uterus — Duration 2 years

Due to

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Uterus
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury none

23. Signature V. A. Gordy M.D.
Address 5106 Harford Rd Date signed 1-30-41

F 77041 ✓ F 77044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 Eastern ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Anna Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Henry

6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) 11-27-1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
70	2	1		

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John F. Dienstbier
(b) Address 333 S. Bentalou Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)
(c) Cemetery or crematory Fifth German Reform
Location Baltimore City

18 (a) Funeral director F. B. Wisbert & Son
(b) Address 1300 Eutaw Place.

19 JAN 31 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 12:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. H. Lyndenstein M.D. Medical Examiner.
Date signed 1/28/41

F 77045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

F 77045 Registered No.

PLEASE WRITE PLAINLY, with ink. Make no erasures. Be sure that every item is correct and complete. Do not abbreviate. Write out the full name of the city, town, or county. Do not use ditto marks. If unknown, or if the question is not applicable, write none. Where a choice is given, underline the correct answer. Be sure that the age is correctly stated. Be sure that the cause of death is correctly and fully reported. Be sure that the date of death is complete, including the year. The space for the medical certification must be filled in by the attending physician. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 W. Pratt St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 W Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick H. Scharnetzki

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-9928

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/23/1889

8. AGE: Years 51 | Months 7 | Days 6 | If less than one day — hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Chef

11. Industry or business Ferretts Cafe

FATHER
12. Name Gustav Scharnetzki
13. Birthplace Germany

MOTHER
14. Maiden Name Rosa Kirschke
15. Birthplace Germany

16 (a) Informant Rosa Minnie Vogeler
(b) Address 439 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director F. C. Wippert & Son
(b) Address 1300 Eutaw St

19 JAN 31 1941 (Date) Huntington Williams, M.D. Registrar
(Entered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1941, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1941, to Jan. 29 1941, and that I last saw him alive on Jan. 29 1941.

Immediate cause of death Congestion of Lungs; Endocarditis — Duration

Due to —

Due to —

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Manfred C. Netsch, M. D.
Address 2151 Wellington Date signed 1/31/41

77046 F 77046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 N. Collington Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N. Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Virginia Bensel

3 (b) If veteran, name war: Non
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry R. Bensel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1869

8. AGE: Years 72 | Months 0 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace York Pa. (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business at Home

FATHER
12. Name Edie Behlon
13. Birthplace York Pa

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Pa

16 (a) Informant Mrs. Minnie Berman
(b) Address 1712 N. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3rd 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave near Harford Rd

18 (a) Funeral director Edgar W. Corbin & Son
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) JAN 31 1941 (b) Huntington Williams, M.D.

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th, 1941, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1935 to 1/29 1941 and that I last saw h[illegible] alive on 1/29 1941.

Immediate cause of death: Acute Coronary Thrombosis — Duration
Due to: Ch. Hypertention
Due to: Coronary Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Homstein M. D.
Address 733 Arquith St Date signed 1/30/41

77047 F 77047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwoods & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 42 A Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Nelson Napoleon Woody

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1940

8. AGE: Years	Months	Days	If less than one day
	1	27	hr. min.

9. Birthplace Laurel, Anne Arundel, Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business None

FATHER
12. Name Thomas Flowers Woody
13. Birthplace Charlottesville, Va.

MOTHER
14. Maiden Name Ethel Wines
15. Birthplace Baltimore, Md.

16 (a) Informant Thomas Flowers Woody
(b) Address 42 A St, Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1941 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Montgomery Road, Laurel, Md.

18 (a) Funeral director Fattler
(b) Address 42 A St., Laurel, Md.

19 JAN 31 1941 (Date filed by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1941, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1941 to Jan 30 1941, and that I last saw him alive on Jan. 30 1941.

Immediate cause of death Malnutrition
Due to acute gastro-enteritis
Due to Dehydration
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. J. Graham, M. D.
Address University Hosp Date signed 1-30-41

PLEASE WRITE PLAINLY, with pencil. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 77048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77048

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 W Fremont a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 W Fremont a (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Jones (Bowman) (Bowman)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband or wife Benj Bowman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1905

8. AGE: Years	Months	Days	If less than one day
35	6	24	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation
11. Industry or business

MOTHER / FATHER

12. Name Harry Boggs
13. Birthplace Va

14. Maiden Name Josephine
15. Birthplace Va

16 (a) Informant Frank Bowman
(b) Address 718 W Fremont a

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St. Stinting for Williams, Mgr

19 (a) (Date received by registrar) (b) Registrar

JAN 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1941 to Jan 28 1941, and that I last saw h er alive on Jan 28 1941.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eversole M. D.
Address 803 W Fremont Date signed

F 77049 63031-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

F 77049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-9

3 (a) FULL NAME Baby Boy Blackwell (Agnes) Birth # F 77220

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-41

8. AGE: Years	Months	Days	If less than one day
0	0	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name herman Blackwell
13. Birthplace Va.

MOTHER
14. Maiden Name Agnes Thrower
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location U. L. C.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) (Date rec'd by registrar) (b) Huntington Mill

JAN 31 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1941, at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1941, to 1-29 1941, and that I last saw h alive on 1-29 1941.

Immediate cause of death

Peritonitis — Duration 8 hours

Due to

Due to — Duration own

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Polakoff M. D.
Address Balto City Hosp Date signed 1-30-41

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 77050

F 77050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33B Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give full name of deceased. If not in hospital or institution, give residence. Please answer all questions. Underline the correct answer. Do not use ditto marks. If unknown or not applicable, write unknown or N. A. Physicians: please write the causes of death clearly and legibly. Cause of death may be entered in either English or Latin. Your certificate is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 22 S. Athol Ave

(c) Hospital or institution: Geil German Aged People Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 88 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 22 S. Athol Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie E. Reeb.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: late Jacob Reeb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1851

8. AGE: Years 89 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name J. Philip Schael

13. Birthplace Germany

MOTHER 14. Maiden Name Kathrina Frack

15. Birthplace Germany

16 (a) Informant Geil German Aged Home

(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1941 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Westen

Location Edmondson Ave & Long Comm

18 (a) Funeral director Harry H Weyler

(b) Address 4141 Edmondson Ave

JAN 31 1941 (Date received by registrar) (b) Huntington Williams M.F

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10/41 to Jan. 29/41, and that I last saw her alive on Jan. 21/41.

Immediate cause of death

Influenza. 21 days

Due to

Due to

Other Conditions

Multiple Sclerosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Hardy Chenault M. D.

Address 933 Hanover Date signed Jan 30 (30) 44

F 77051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77051 — Registered No. 126

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct. Information as to age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Hood~~
(c) Hospital or institution:- University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Bellaville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Abrams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband ~~or wife~~ Robt A. Abrams.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1879

8. AGE: Years	Months	Days	If less than one day
61	3	1	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Rubin Clinkscales
13. Birthplace South Carolina

MOTHER
14. Maiden Name Mary Cornelia
15. Birthplace South Carolina

16 (a) Informant Robt C. Abrams
(b) Address Bellaville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Greenwood, South Carolina

18 (a) Funeral director Henry N Wilson
(b) Address 4101 Edmondson Ave

19 JAN 31 1941 (Registered by Registrar) (b) Huntingtown Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1941 to 1-30 1941, and that I last saw h~~er~~ alive on 1-30 1941.

Immediate cause of death: Shock — Duration: at least 1 year

Due to operation for gall stones

Due to

Other Conditions: Cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholelithiasis and Cholecystitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W Pearce Macculloch M. D.
Address Univ. Hospital Date signed 1-30-41

VS 3

F 77052

Nicholson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 77052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 576 Oxford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 576 Oxford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME James Edgar Nicholson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-8569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Carrie Belle

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Jan 18, 209

8. AGE: Years	Months	Days	If less than one day hr.	min.
31	2	10		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James A Nicholson

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Irene Glamison

15. Birthplace Baltimore Md.

16 (a) Informant Carrie Belle Nicholson

(b) Address 576 Oxford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-41 (month) (day) (year)

(c) Cemetery or crematory Sawel

Location N. Gay St - City

18 (a) Funeral director S. B. Davenport

(b) Address 1006 Berna. Ave.

19 JAN 31 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said A (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Mitchell Medical Examiner. M.D.

Date signed 1/31/41

F 77053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 77053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 241 Albemarle St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 241 Albemarle St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME JOSEPHINE--YACUCCI

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~xxxxx~~late Giuseppe Yacucci

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1879

8. AGE: Years	Months	Days	If less than one day
62	—	—	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - at home

FATHER

12. Name Ferdinando Esposito

13. Birthplace Italy

MOTHER

14. Maiden Name Costanza Esposito

15. Birthplace Italy

16 (a) Informant C. Yacucci (Son)

(b) Address 241 Albemarle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1st/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

19 (a) (Local registrar) (b) Huntington Williams M.D.

JAN 31 1941

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1941, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1938. to Jan. 29 1941, and that I last saw her alive on Jan. 29, 1941.

Immediate cause of death Coronary Thrombosis — Duration 2 hours.

Due to Cirrhosis of Liver — 3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Lerario M. D.

Address 514 Drury Lane Date signed Jan. 30, 1941

AdCo. 5-31 2500

F 77054 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 77054

CERTIFICATE OF DEATH ✓ 106 B

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1226 Bloomingdale Rd 16-7 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARTHA ANNE WARREN

(a) Residence: No. 1226 BLOOMINGDALE RD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JAMES H WARREN

6. DATE OF BIRTH (month, day, year) JUNE 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro Md

FATHER

13. NAME NATHANIEL LEVERAGE

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME SARAH CAIN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT MR HANSON L. CREW

(Address) 1226 BLOOMINGDALE RD

18. BURIAL, CREMATION, OR REMOVAL

Place Hill Top, Md Date Feb 2nd, 1941

19. UNDERTAKER Smith Funeral Home

(Address) Smith Road Huntington Williams, MD

FILED JAN 31 1941 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31. 1941

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1941, to January 31, 1941

I last saw her alive on Jan. 31 1941 death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure.	Jan 31/41

Other contributory causes of importance:

Senility, Debility
Cachexia
Chronic Bronchitis

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Beyuth Emerson Lawlor, M. D.

(Address) 1224 Bloomingdale Rd.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address University Hosp.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) St. and No. 2812 Ruckert Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. Repp

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-16-6092

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dorothea M. Repp

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 18, 1870

8. AGE: Years 70 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Moulder

11. Industry or business Md Sanitary Mfg. Co.

FATHER 12. Name Geo. Repp

13. Birthplace Germany

MOTHER 14. Maiden Name Cath. Trefon

15. Birthplace Germany

16 (a) Informant Mrs. Dorothea Repp

(b) Address 2812 Ruckert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 41 (month) (day) (year)

(c) Cemetery or crematory Immanuel Cem

Location Gaylord Lane

18 (a) Funeral director J. Hemmann & Son

(b) Address 52 So. Broadway

19 (a) (Delivered by Registrar) (b) Registrar

JAN 31 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 1-28 1941, and that I last saw him alive on 1-28 1941.

Immediate cause of death Cerebral Hemorrhage, meningeal (contusion) Contusion

Duration 32 hrs

Due to Hypertensive CVD

Duration yrs.

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Gabriele M. D.

Address University Hospital Date signed 1-29-41

77056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77056 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 Fredrick ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, city
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Fredrick ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Bowers
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) March 4 1865

8. AGE: Years 75 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Michael Tuttle
13. Birthplace Ireland

MOTHER
14. Maiden Name Nora Mahoney
15. Birthplace Ireland

16 (a) Informant Mrs. Nora Moran
(b) Address 2521 Fredrick ave

17 (a) Burial (b) Date thereof 2/3/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md

18 (a) Funeral director Margaret A. Flynn
(b) Address 1422 Light St

JAN 31 1941 (b) Huntington Williams, M.D.
(Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Jan 30 1941, and that I last saw h- alive on Jan 30 1941.

Immediate cause of death
Hypostatic Pneumonia, Edema Lungs, Hemiplegia
Due to Cerebral Hemorrhage.

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert C. Kotch M. D.
Address 215 Walker Date signed 1/31/41

77057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941 Registered No. E 77057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 E. Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., City (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 E. Hamburg (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Wehn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles J.

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) aug 26. 1869

8. AGE: Years 71 | Months 5 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Wm. Schrufogle

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Mary Massey

15. Birthplace Md.

16 (a) Informant Charles Wehn

(b) Address 417 E Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1/41 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn a. a. Co., Md.

18 (a) Funeral director Margaret D. Flynn

(b) Address 1422 Light St.

19 (a) [illegible] (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Jan 29 1941, and that I last saw her alive on 1-26 1941.

Immediate cause of death Coronary thrombosis — | Duration 1-29-41

Due to Coronary Sclerosis | ?

Due to Hypertension | ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence E. Lenz M. D.

Address 1009 Annapolis Blvd Date signed 1/31/41

VS 3

F 77058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 77058

Registered No. 160

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 E Clement St. Ward 24-3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Mathews

If U.S. Veteran specify WAR .....

(a) Residence: No. 129 E Clement St., ... Ward Butler F 77773

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 1/30/41

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Allyn Mathews

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Charlotte Elvira Rogers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Allyn Mathews

(Address) 129 E Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C.B. Date 1-31 1941

19. UNDERTAKER D. C. Earle

(Address) 120 E West St

JAN 31 1941

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1941

22. I HEREBY CERTIFY, That I attended deceased from 1/31/41, 19..., to 1/30 19 41

I last saw h[illegible] alive on 1/30 19 41 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	11 min
	prior

Other contributory causes of importance: Abnormal position Congenital

Was an operation performed? No Date of →

For what disease or injury? →

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Northcutt MD M. D.

(Address) 1129 Fillmore St

INFORMATION should be carefully supplied and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 77059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515-N. Bond Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515-N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Elizabeth R. Henry

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~xxx~~ James A. Henry
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 9/12/1864

8. AGE: Years 76 | Months 4 | Days 18 | If less than one day -- hr. -- min.

9. Birthplace Baltimore, Md/ (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Jacob Reed
13. Birthplace Germany

MOTHER
14. Maiden Name Christina ?
15. Birthplace Germany

16 (a) Informant John E. Henry
(b) Address 1515-N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 JAN 31 1941 (Date received by local Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 1941 at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1940 to Jan. 30 1941 and that I last saw her alive on Jan. 29, 1941.

Immediate cause of death: Arteriosclerosis — Duration: 5yrs
Due to: Cerebral Hemorrhage & left Hemiplegia — 2yrs.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert B. Ringrose M. D.
Address 1613 E. North Ave. Date signed 1-31-41

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941

F 77060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206-E. Chase Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 - E. Chase Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Michael Stafford

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	217-09-7025	Male	White	Widower

6 (b) Name of husband or wife Mary (Curtis)
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/26/1869

8. AGE: Years	Months	Days	If less than one day
71	1	4	-- hr. -- min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Engr. Carr-Lowery-Glass Co.
11. Industry or business

FATHER 12. Name Andrew Stafford
13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Carberry
15. Birthplace Ireland

16 (a) Informant Mary A. Stafford
(b) Address 1731-Lamont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) JAN 31 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1941 to Jan. 30 1941, and that I last saw him alive on Jan. 30 1941.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Arteriosclerosis	?
Cardiac - Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 106 E. Preston St. Date signed 1/31/41

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 77061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77061

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 Albemarle st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Albemarle (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Caprel Lesek (Lasseth)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Fonna Lesek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1890

8. AGE: Years	Months	Days	If less than one day
50	9	26	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Caprel
13. Birthplace Austria

MOTHER
14. Maiden Name Mary
15. Birthplace austria

16 (a) Informant Mrs Michael Martelle
(b) Address 105 albemarle st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-41 (month) (day) (year)
(c) Cemetery or crematory Russian Cemetery
Location Stones Creek Road

18 (a) Funeral director Frank V. Patestone
(b) Address 2818 E. Balto st

19 (a) (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1940 to Jan. 30, 1941, and that I last saw h alive on Jan. 26, 1941.

Immediate cause of death Coronary Thrombosis — Duration 3 mos.

Due to Arteriosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Cassagne M. D.
Address 5-10 Drury Lane Date signed 1/31/41

77062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

F 77062 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 16 S 24th N. Washington st

(c) Hospital or institution: St Josephs

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Somerset Co

(c) City or town Rehoboth (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard J. Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-8071

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elsie

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb 15-1896

8. AGE: Years 54 | Months 11 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Rehoboth Md. (Town, county, and state)

10. Usual Occupation W.P.A.

11. Industry or business

FATHER 12. Name Thomas H. Truitt

13. Birthplace P. A.

MOTHER 14. Maiden Name Cordelia Steelman

15. Birthplace New Jersey

16 (a) Informant Alfred Watson

(b) Address Kingston Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 41 (month) (day) (year)

(c) Cemetery or crematory Rehoboth Cemetery

Location Kingston, Md.

18 (a) Funeral director John Bradshaw

(b) Address Pocomoke Md

(c) JAN 31 1941 (Date rec'd by registrar)

(d) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941. 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1941, to 1-31 1941, and that I last saw him alive on 1-31 1941.

Immediate cause of death: Peritonitis — Duration

Due to Perforated Duodenal ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Perforated ulcer closed at operation

Of autopsy Perf. ulcer & Peritonitis

PHYSICIAN — Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry Kalmenson M. D.

Address St. Joseph Hosp Date signed

VS 2

To insure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

47218-Fd

77063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 77063

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 5mo. 22days.

(e) Length of stay in Baltimore (yrs., mos., or days) 13 y

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1316 Harlem Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-8-1894

8. AGE: Years 46 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation farm hand

11. Industry or business

FATHER 12. Name James

13. Birthplace Va.

MOTHER 14. Maiden Name Lucinda Butler

15. Birthplace Va.

16 (a) Informant D.C.M. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan. 31/41 (month) (day) (year)

(c) Cemetery or crematory Northumberland Co.

Location Va.

18 (a) Funeral director Thomas P. Kelly

(b) Address 1303 Presstman St.

19 (a) Filed (month) (day) (year) (b) Huntington Williams, M.D. Registrar

JAN 31 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29- 1941, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7- 1939 to 1-29- 1941, and that I last saw h[illegible] alive on 1-29- 1941.

Immediate cause of death: Cerebral thrombosis

Due to: Cardiac Failure

Due to: 9-5. Hy. Dis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Gen. A-5.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. Date signed 2-4 M. D.

F 77064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 77064 Registered No.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and regidly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Jackson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Jackson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J Brannan

3 (b) If veteran, name war | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/24/1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	5		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired - Cake, Empeanpe
11. Industry or business

FATHER
12. Name John Brannan
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Reesman
15. Birthplace Ireland.

16 (a) Informant Mrs Lucie Fregeau
(b) Address 1700 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Foley Sons
(b) Address 1918 Light St.

19 (a) JAN 31 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Jan 29 1941, and that I last saw him alive on Jan 29 1941.

Immediate cause of death
Exhaustion — Duration: 1 Day
Due to Pulmonary Tuberculosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. L. Campbell
Address 16 W. Hamburg St Date signed 1/29/41 (M. D.)

77065
392267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 77065
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 - E 21st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY Dollenberg

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 212-12-1767

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-14-94

8. AGE: Years 46 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business GENERAL (ALUMINUM CO.)

FATHER
12. Name FREDERICK Dollenberg
13. Birthplace PA

MOTHER
14. Maiden Name AMELIA BROWN
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/1/41 (month) (day) (year)
(c) Cemetery or crematory PROSPECT HILL
Location TOWSON, MD.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) JAN 31 1941 (Date received by registrar) (b) Burlington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 30 1941, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 28 1941, to JAN 30 1941, and that I last saw h[illegible]M alive on JAN 30 1941

Immediate cause of death
Pneumonia - Type I
Lft Lung.
Toban

Duration 8d.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper Jr M.D.
Address J. H. H. Date signed 1-30-41

77066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 77066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4627 Green Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Duffey (63161)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Madeline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1901

8. AGE: Years	Months	Days	If less than one day
39	11	8	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Duffey (D)
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Machin
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 1/31/41 (month) (day) (year)
(Burial, ~~cremation or removal~~)
(c) Cemetery ~~or crematory~~ Holy Cross
Location Harford Rd

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 1 - 1941 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1941, at 1:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29, 1941, to Jan. 30, 1941, and that I last saw him alive on Jan. 30, 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration 2 3/4 yrs.

Due to

Due to

Other Conditions Tuberculous empyema — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha F Leonard M. D.
Address Balto. City Hospitals Date signed 1-30-41

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

E 77067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B Registered No. E 77067

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, whether married, widowed, or single, and the date of death. Do not use abbreviations. Write the month in full, give the age in years, months and days, and the residence of deceased. Please state the occupation of every person, especially if a laborer, mechanic or factory employee, and the name of the employer. The certificate must be filled out before burial or removal from the city. Physicians: please write the causes of death clearly and legibly. Give the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1258 Carroll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1258 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Roemer Sr

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Kate Roemer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1855

8. AGE: Years	Months	Days	If less than one day
85	1	13	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Foreman (Retired 1930)
11. Industry or business Balto Transit Co

FATHER
12. Name John Roemer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frederick Roemer
(b) Address 1258 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) Huntington Williams, M.D. (Date rec'd by Registrar) Registrar
FEB 1 - 1941

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1941, at 1:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Jan 30 1941, and that I last saw h[illegible] alive on 1-30-1941.

Immediate cause of death: Hemorrhage of Bladder due to Stricture — Duration: 2 yrs
Due to Stricture — Duration: 4 months
Due to Possibly Cancerous — Duration: 3 months
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Dyer M. D.
Address 1258 Carroll St Date signed 1/31/41

77068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-P

Registered No. 77068

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Keyworth Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Keyworth Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Neebe

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Conrad Neebe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1860

8. AGE: Years 81 | Months 0 | Days 22 | If less than one day: hr. min.

9. Birthplace Phila Pa
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Jacob N. Hackert
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Henry J. Neebe
(b) Address 2609 Keyworth Ave
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville Md.
18 (a) Funeral director William Cook
(b) Address 1817 St. Paul St
19 (a) FEB 1 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1941, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1933 to Jan 31st 1941, and that I last saw h~~er~~ alive on Jan. 30 1941.

Immediate cause of death: arteriosclerotic myocarditis — Duration: ?

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Scheeler M. D.
Address 514 S. Fulton Ave Date signed 1-31-41

VE 8

F 77069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64

F 77069

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Harford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John J. Swarthout Burial # F-20517

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	-

6 (b) Name of husband or wife -

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1940

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER
12. Name John Swarthout Jr.
13. Birthplace Munkote, Michigan

MOTHER
14. Maiden Name Josephine Sebald
15. Birthplace Baltimore, Md

16 (a) Informant Josephine Swarthout
(b) Address 1721 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 25th St.

19 (a) FEB 1- 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 11 2/3 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Malignant Lymphadenitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Williams Grafe M.D.
Medical Examiner.
Date signed 1/30/41

VS 6

F 77070 ✓ F 77070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6511 Baltimore Ave.
(c) Hospital or institution: (Sinai)
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6511 BALTIMORE AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME LOUIS F. MARKEL SR ✓

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose A. Markel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 12-1864
8. AGE: Years 76 | Months 10 | Days 17 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Ry Engineer
11. Industry or business Ry

FATHER
12. Name LOUIS F. MARKEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name MADALINE STRATNER
15. Birthplace GERMANY

16 (a) Informant ROSE A MARKEL
(b) Address 6511 BALTIMORE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB- 1 -1941 (month) (day) (year)
(c) Cemetery or crematory OAKLAWN
Location BALTIMORE - MD

18 (a) Funeral director Durnford & Covington
(b) Address 21 W. 25th St.

19 FEB 1- 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1941, at 10 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Jan. 1941 and that I last saw h alive on Jan. 29 1941.

Immediate cause of death (Broncho-Pneumonia) Duration 3 days
Due to Senility 2 yrs
Due to
Other Conditions Pt. Hemiplegia since 1938 Duration 4 1/2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Brown M. D.
Address Dundalk Md Date signed 1/31/41

PLEASE WRITE PLAINLY, WITH PENALTIES INCURRED BY LAW FOR FALSE REPORTS. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 77071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G Registered No. F 77071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 N. Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Francis Cox

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1512

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Lena E. Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1877

8. AGE: Years	Months	Days	If less than one day
52	4	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Requester
11. Industry or business Balto. City

FATHER
12. Name John T.
13. Birthplace Balto. Md.?

MOTHER
14. Maiden Name Margaret
15. Birthplace Balto. Md

16 (a) Informant Mrs. E. L. Cox
(b) Address Shipley Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem.
Location Camp Meade Rd.

18 (a) Funeral director J. H. Scully
(b) Address 130 E. Fort Ave

19 (Date received by reg.) FEB 1 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1941, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28th 1941, to Jan 30 1941, and that I last saw h.i.m alive on Jan 30th 1941.

Immediate cause of death Cardiac Failure (Rt. sided heart failure) — Duration 2 days
Due to Chronic Sinusitis & Chronic Bronchitis & Alveolosis
Due to
Other Conditions Marked Emphysema Syphilis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Lehmenson M. D.
Address St. Joseph's Hosp Date signed 1-31-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 77072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77072
Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Do not use abbreviations. Do not leave any blanks. If unknown, or not applicable, write none. Be sure to answer each question so that the record will be complete and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson & Greene
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carrol
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Girl Wine Birth Fr 1961

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1-21-41
8. AGE: Years | Months | Days: 10 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Guy E Wine
13. Birthplace Maryland

MOTHER
14. Maiden Name Nadine Freese
15. Birthplace Maryland

16 (a) Informant Guy E. Wine
(b) Address Manchester Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory cemetery
Location Bixlers, Carroll Co. Md.
18 (a) Funeral director Jacob Wimbs Sons
(b) Address Manchester Md
19 FEB 1 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31-41 19 , at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-41 to 1-31-41, and that I last saw her alive on 1-31-41.

Immediate cause of death Asphyxiation pneumonia.
Due to —
Due to —
Other conditions Babys Intestinal (Include pregnancy within 3 months of death) Obstruction.
Major findings: Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature [illegible] M. D.
Address [illegible] Date signed 1-31-41

VS 3

F 77073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 77073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or a satisfactory explanation given. Please correct any errors especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 W. Saratoga St
(c) Hospital or institution -

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 W Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

201

3 (a) FULL NAME Louisa F. Born

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Late Otto C. Born
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct 24. 1885

8. AGE: Years	Months	Days	If less than one day
55	3	6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Joseph Schuster
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Seffulze
15. Birthplace Germany

16 (a) Informant Mrs Charles E. Kirk
(b) Address 2021 W. Saratoga St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/3/1941 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave & Longwood St

18 (a) Funeral director John J Coburn & Son
(b) Address 90 N Gilmor St

19 (a) 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1940 to 1/30 1941. and that I last saw her alive on 1/30 1941.

Immediate cause of death
Carcinoma, left breast — Duration 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature DeWitt Longfellow, M.D.
M. D.
Address 400 N. Ryan St. Date signed 1/31/41

77074

BALTIMORE CITY HEALTH DEPARTMENT 33-a

CERTIFICATE OF DEATH

Registered No. E 77074

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 E Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 E Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Louise Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 40 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Eliz Parker

13. Birthplace Maryland

MOTHER 14. Maiden Name Matilda Harris

15. Birthplace Maryland

16 (a) Informant James Parker

(b) Address 1422 E Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Mt Wilson

18 (a) Funeral director Edwin O Wilson

(b) Address 1420 E Lombard

19 (a) Filed FEB 1 - 1941 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1941, to Jan 29 1941 and that I last saw alive on Jan 29 1941

Immediate cause of death

Acute Influenza Pneumonia — Duration Jan 24 1941

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. S. Allen M.D.

Address 51 Pleasant St Date signed Jan 31-41

VS 3

F 77075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 77075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colbert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Harvey Foster Jr. Balto # F 77163

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Edward Harvey Foster Sr.

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary V. Fiat

15. Birthplace Balto

16 (a) Informant Edward Harvey Foster

(b) Address 2908 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director Jas J Storrow Son

(b) Address 3001 Kentucky Ave

FEB 1 - 1941 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1941 10 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1941 to 1/31 1941. and that I last saw him alive on 1/31 1941.

Immediate cause of death: Uraemia

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
20 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Mc Beck M.D.

Address Mercy Hospital Date signed 2/4/41

PLEASE WRITE PLAINLY, WITH UNUSUAL CARE, so that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 77076 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete in every item. Information should be accurate. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1641 Reuston Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2½ yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Washington D.C. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3325 Georgia ave N.W. (If rural give location)

(e) If foreign born, how long in U. S. A.? 43 years

3 (a) FULL NAME PHILIP MINCOSKY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75 76	—	—	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation merchant

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Poland

MOTHER 14. Maiden Name Unknown

15. Birthplace Poland

16 (a) Informant Mrs Herman Becker

(b) Address 1641 Reuston ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, /41 (month) (day) (year)

(c) Cemetery or crematory Talmud Torah Cemetery Washington D.C.

Location

18 (a) Funeral director Sol Lichenstein & Bros

(b) Address 1124-26 W. North ave

19 (c) FEB 1- 1941 (Date rec'd by registrar) (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1941, at 3.10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1938, to Jan. 31, 1941, and that I last saw him alive on Jan. 31, 1941.

Immediate cause of death Heart Block — Duration about 3 yr.

Due to Arteriosclerosis - Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Stupnitsky M.D.

Address 351 Eutaw Place. Date signed 1/31/41 (M. D.)

F 77094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B F 77077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information should be typewritten. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 25da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo. 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.? 1806 Jackson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Charles Harvey Moffett

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 708-01-1807

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Violet Stevenson

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1897

8. AGE: Years	Months	Days	If less than one day
43	11	2	hr. min.

9. Birthplace New York, New York (Town, county, and state)
10. Usual Occupation Switchman
11. Industry or business Canton Railroad

FATHER
12. Name William Henry Moffett
13. Birthplace New York

MOTHER
14. Maiden Name Henrietta Compton
15. Birthplace New Jersey

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1941 (month) (day) (year)
(c) Cemetery or crematory New National Cemetery.
Location Frederick Road.

18 (a) Funeral director S. Walter Mayo.
(b) Address 619 N Bouldin St

19 (a) FEB 1 - 1941 (Date rec'd by local reg.) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1941, at 7:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1940, to Jan. 30, 1941, and that I last saw him alive on Jan. 30, 1941.

Immediate cause of death	Duration
Inanition	3 weeks
Due to Lymphosarcoma of stomach with widespread metastasis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory lap; gastrotomy; biopsy
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams

Address US Marine Hospital, Baltimore, Md. Date signed 1/30/41 (M. D.)

77078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30E

F 77078
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1330 Prentiman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Prentiman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD LUCY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-6468

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Lillie Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1889

8. AGE: Years	Months	Days	If less than one day
51 52	8		hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lee Lucy
13. Birthplace Virginia

MOTHER
14. Maiden Name —
15. Birthplace Virginia

16 (a) Informant Addie Lucy
(b) Address 1330 Prestman St.

17 (a) Burial (b) Date thereof 2-3-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Nelson
(b) Address 1303 Prestman St.

19 (a) [illegible] Huntington Williams, M.D.
(Signature of Registrar) Registrar

FEB 1 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 12 35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia lobar — Duration

Due to

Due to

Other Conditions Syphilis, cardiovascular
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D.
Asst Medical Examiner.

Date signed 1-30-41

77079

cc 60775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No. 77079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Druid Hill Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Bedford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Charlie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1862

8. AGE: Years	Months	Days	If less than one day
78	9	16	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abe. Bedford
13. Birthplace ?

MOTHER
14. Maiden Name Anna Jobes
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 2-2-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. D. Holland
(b) Address 1631 Druid Hill Ave

19 (a) FEB 1- 1941 (b)
(Date rec'd by registrar) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1941, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1940 to 1-31 1941, and that I last saw her alive on 1-31 1941.

Immediate cause of death Carcinoma of Cervix with metastases — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balto. City Hosp. Date signed 1-31-41

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77080

HEALTH DEPARTMENT—CITY OF BALTIMORE

77080

CERTIFICATE OF DEATH

108 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 N Carey St. 16-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Mebane

If U. S. Veteran specify WAR .....

(a) Residence: No. 1128 N Carey St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) April 9 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 67	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Downing, Va.

FATHER

13. NAME Peter Lewis

14. BIRTHPLACE (city or town) (State or country) Downing Va.

MOTHER

15. MAIDEN NAME Limit A. Bryant

16. BIRTHPLACE (city or town) (State or country) Downing, Va.

17. INFORMANT Mrs. Eudora Johnson

(Address) 1128 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Park Date 2-1 1941

19. UNDERTAKER Mrs. Geo. W. Holland

(Address) 1631 Druid Hill Ave

20. FILED FEB 1 - 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1941

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1941 to 1/31 1941

I last saw her alive on 1/30 1941. Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. W. Rustin M. D.

(Address) 2134 Druid Hill Ave

INSTRUCTIONS—WRITE PLAINLY, with indelible pencil. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 8

77081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. F 77081

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate, and no other. Do not detach any part. Answer each question if the answer is "none," "0," or "unknown," so that there will be no omissions. Be sure to give the information requested on both sides of this certificate. Use only standard abbreviations. Do not use ditto marks. Be sure that your entries are legible and correct. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Arthur D. Benedict

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Virginia R. Benedict
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1863

8. AGE: Years	Months	Days	If less than one day
77	1	17	... hr. ... min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John P. Benedict
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lavina Arthur
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Virginia R. Benedict
(b) Address Westminster, Md. R.F.D.#3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Bausts Com.
Location Carroll County, Maryland

18 (a) Funeral director Edward C. Tipton
(b) Address Hampstead, Maryland

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

FEB 1 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1941, at 7-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19 1941, to 1-31 1941, and that I last saw h[illegible] alive on 1-31 1941.

Immediate cause of death Bilateral thrombosis popliteal arteries — Duration 14 days
Due to Generalized arteriosclerosis
Due to
Other Conditions Uremia arteriosclerotic heart disease, dehydration
(Include pregnancy within 3 months of death)
Major findings:
Of operation Amputation left thigh on 1-20-41 thrombosis femoral artery
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Means M. D.
Address University Hospital Redwood & Greene Sts Date signed 1-31-41

77082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is not especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts.
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 S. Chas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME TERENCE Terrance J. Dunn

3 (b) If veteran, name war No — 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 12 - 1875

8. AGE: Years	Months	Days	If less than one day
65	11	19	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Cardy - Janitor
11. Industry or business St. Joseph's Hospital

FATHER
12. Name Terence Dunn
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane McDonnell
15. Birthplace Ireland

16 (a) Informant Catherine E. Frawley
(b) Address 1918 Cecil Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. F. Frawley Son Succ.
(b) Address 118 W. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Lyle

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31-1941, at 11:40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection + Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 1-31-41

77083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77083 Registered No.

PLEASE WRITE PLAINLY, with [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene George

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1849

8. AGE: Years	Months	Days	If less than one day
92			hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Isaacs
13. Birthplace S.C.

MOTHER
14. Maiden Name Peggy ?
15. Birthplace S.C.

16 (a) Informant Peggy Michael (D)
(b) Address 639 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Baltimore

18 (a) Funeral director Charles Hooper
(b) Address 514 N. Calhoun St.

19 (c) FEB 1 – 1941 (Date rec'd by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28/41 19 , at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941 to Jan 28 1941, and that I last saw alive on Jan 28 1941.

Immediate cause of death

	Duration
Broncho Pneumonia	2 Dys
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. D. Statcher M.D.
Address 1 W Fayette St Date signed 2/1/41

27084 62786 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 27084

PLEASE WRITE PLAINLY, with pen and ink. Do not use pencil. Do not abbreviate. Give full name of street and number, or other exact location. Do not omit any information, or mark it unknown, if it can be obtained. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you. Physicians: please write the causes of death clearly and legibly. Please be sure that the date of death and the age are correctly stated. Please report every death even though you may not be able to secure all of the facts. Please answer every question. Please write in ink. Please sign your name as you would sign a check. Please remember that the accuracy and completeness of this certificate depends upon you.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Latrobe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Chavis Birth # F 27056

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/17/1941

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name James Chavis
13. Birthplace North Carolina

MOTHER
14. Maiden Name Louvenia Davis
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-29-41 (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address

19 (a) FEB 1 - 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1941, at 11:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941, to Jan 23 1941, and that I last saw her alive on Jan 23 1941.

Immediate cause of death	Duration
Aspiration pneumonia	3 days
Due to Hare lip	
Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address Baltimore City Hospitals Date signed 1/24/41

77085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-B

F 77085 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1603

3 (a) **FULL NAME** Harriett Hattie Ridgely

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow Married

6 (b) Name of husband or wife William Ridgely
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 1873

8. AGE: Years	Months	Days	If less than one day
67	8		hr. min.

9. Birthplace Howard Co., Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Coalty
13. Birthplace Md

MOTHER
14. Maiden Name Laura —
15. Birthplace Md

16 (a) Informant Wm Ridgely
(b) Address 720 N. Mount St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/1/1941 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Westport Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N. Schroeder St

19 (a) FEB 1- 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941, at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Jan 29 1941, and that I last saw her alive on Jan 29 1941.

	Duration
Immediate cause of death Bronchopneumonia	48 hrs
Following Due to Metastatic Sarcoma of Rt. hip	10 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Marlen Rd Date signed 2-1-41

F 77086

F 77086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 madison ave.
(c) Hospital or institution: mercy hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 week
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alice Elizabeth Woods

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/7 1862

8. AGE: Years	Months	Days	If less than one day
78	3	21	hr. min.

9. Birthplace Arnold Md A.A. County
(Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER
12. Name James A. Woods
13. Birthplace Arnold Md

MOTHER
14. Maiden Name Louise Hentzman
15. Birthplace Arnold Md.

16 (a) Informant James A. Woods Jr.
(b) Address Arnold 1817 Madison ave.

17 (a) Burial (b) Date thereof Feb 3, 1941
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location on old Baltimore rd. at Arnold Md

18 (a) Funeral director Charles Leppard
(b) Address 1 [illegible] St Annapolis

FEB 2 - 1941 (b) Huntington Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1941 at 3 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Jan 28 1941, and that I last saw h[illegible] alive on Jan 27 1941.

Immediate cause of death	Duration
Uremia	3 days
Due to Malignant Hypertension (Nephrosclerosis)	3 (6 mo 3 days)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irma J. Kroll M. D.
Address 11 E. Chase St. Date signed Jan 30, 1941

VS 2

F 77087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 N. Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Wenzl Wostry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Marie Wostry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1849

8. AGE: Years	Months	Days	If less than one day
91	6	11	hr. min.

9. Birthplace Austria-Hungary (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Joseph Wostry
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Not known
15. Birthplace Austria Hungary

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Frank Brockhorn
(b) Address 900 N. Chester St Huntington Station, Md.

19 (a) [illegible] (b) [illegible]

FEB 2 1941

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1941, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 30 1941, and that I last saw him alive on Jan 30 1941.

Immediate cause of death

Hypostatic Pneumonia — Duration 1/26/41

Due to Ch. Myocarditis — 1/1/40

Other Conditions Arteriosclerosis — 1/1/93

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Roemer M. D.
Address 501 N. Fremont Ave. Date signed 1/31/41

77088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77088 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Park Ave & Wash Blvd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter S. Schaffer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	M married

6 (b) Name of husband or wife Grace L. Schaffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1876

8. AGE: Years	Months	Days	If less than one day
64	3	15/16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired Machinist

11. Industry or business U. S. Navy Dept

FATHER 12. Name Daniel Schaffer

13. Birthplace Md (Balto)

MOTHER 14. Maiden Name Rosella Dean

15. Birthplace [illegible]

16 (a) Informant Mrs. Grace Schaffer

(b) Address Park Ave. & Wash. Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md

18 (a) Funeral director Wm. J. Pickner & Sons

(b) Address North & Fulton Aves.

19 (a) FEB 2 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941, at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1941 to Jan 31 1941, and that I last saw h alive on Jan 31 1941.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to Arteriosclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)

(e) Means of injury —

23. Signature James H. D. Wyse M. D.

Address St. Agnes Hosp. Date signed 1/31/41

77989 Shipper

Rase. X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 C

Registered No. F 7708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26da
(e) Length of stay in Baltimore (yrs., mos., or days) 26da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Frostburg. (If outside city or town limits, write RURAL and give town)
(d) Street No. 43 Grant St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 4 wks years

3 (a) FULL NAME William Rase

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-07-5760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1899

8. AGE: Years	Months	Days	If less than one day
41 49	7 6	13	hr. min.

9. Birthplace Hoffman, Md. (Town, county, and state)
10. Usual Occupation Dye Worker.
11. Industry or business Celanese Corp.

FATHER
12. Name Milton Rase
13. Birthplace Mt. Savage, Md.

MOTHER
14. Maiden Name Katherine Metzner.
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory Lutheran Location Frostburg, Md.

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address North & Pa. Ave.

19 (a) FEB 3 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941, at 5.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1941 to Feb 1 1941, and that I last saw him alive on Feb 1 1941.

Immediate cause of death	Duration
Carcinomatosis	7 wks.
Due to Bronchogenic Carcinoma.	9 wks.
Due to	
Other Conditions Bronchiectasis, Secondary Anemia. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2 Bronchoscopies - Removal of Bronchiectatic Fluid
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 2-1-41

F 77090 Death # F 22801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 77090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 W 38th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Powley. Birth # F 22801

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1941

8. AGE: Years	Months	Days	If less than one day
—	—		12 hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Donald. Powley.
13. Birthplace md.

MOTHER
14. Maiden Name Anna ?
15. Birthplace md.

16 (a) Informant Donald Powley.
(b) Address

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross.
Location Govd Rd. Md.

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615 Eastern Ave

19 (a) FEB 2 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941, at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941, to Jan 31 1941, and that I last saw h[illegible] alive on Jan 30 1941.

Immediate cause of death Premature

Duration
12 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Johns Hopkins Date signed 2-1-41

VS 8

F 77091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 77091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Clipper Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. EMMA F. SHEARER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Mr. Harry E. Shearer
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 26, 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	8	5		

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or Business

FATHER
12. Name James L. Reese.
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Ryan
15. Birthplace Md.

16 (a) Informant Harry E. Shearer.
(b) Address 1349 Clipper Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 3 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Christmas Ave.

19 (a) FEB 2 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1941, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 1-31 1941, and that I last saw h.r. alive on 1-31 1941.

Immediate cause of death Respiratory failure — Duration

Due to Pneumonia — 4 days ovr

Due to

Other Conditions Rheumatic Heart Disease — 18 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbit, Jr. M. D.
Address Union Memorial Hospital Date signed 1-31-41

VS 3

F 77092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 74a

F 77092

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Johns Hopkins Hos

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 dys

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County

(c) City or town Sharon

(If outside city or town limits, write RURAL and give town)

(d) Street No. 145 Buhl Blvd

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anne Schiessel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1937

8. AGE: Years	Months	Days	If less than one day
3yrs. 3	8	24	hr. min.

9. Birthplace Sharon Pa

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Schiessel

13. Birthplace Germany

MOTHER 14. Maiden Name Else Ludwig

15. Birthplace Germany

16 (a) Informant Parents.

(b) Address

17 (a) Cremation (b) Date thereof 2-1-41

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Druid Park Lake ave

18 (a) Funeral director John J. Mitchell

(b) Address 1900 Eutaw Pl

19 (a) FEB 2 1941 Huntington Williams

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1941 at 7 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941 to Feb 1 1941, and that I last saw her alive on Feb 1 1941.

Immediate cause of death	Duration
Leukemia, acute	2 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Ethel Walker M. D.

Address Baltimore Date signed 2/1/41

VS 3

F 77093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-aF 77093 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Pennsylvania (b) County:
(c) City or town: Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2612 E. York Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Anthony John Dujmovich

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	169166000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 20, 1922

8. AGE: Years	Months	Days	If less than one day: hr.	min.
18	7	11		

9. Birthplace: Unknown (Town, county, and state)
10. Usual Occupation: Messman
11. Industry or business:

FATHER
12. Name: Anthony Dujmovich
13. Birthplace: Austria

MOTHER
14. Maiden Name: Veronica (Unknown)
15. Birthplace: Austria

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2-2-41 (month) (day) (year)
(c) Cemetery or crematory:
Location: Phila, Pa.

18 (a) Funeral director: W. S. Zielkowski
(b) Address: 2007 Eastern Ave

19 (a) FEB 2 1941 (Date Rec'd by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 1, 1941, at 2:00AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1941, to Feb. 1, 1941, and that I last saw him alive on Feb. 1, 1941.

Immediate cause of death: Subacute bacterial endocarditis — Duration: Unknown

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature]
Address: US Marine Hospital, Baltimore, Md. Date signed: 2/1/41 M. D.

F 77094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 E Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

B

3 (a) FULL NAME EUCLIDE BROCCOLINO

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Adalia Del Grosso
6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Oct 9th, 1889

8. AGE: Years: 51 | Months: 3 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Cahueta, Abbruzzi Italy (Town, county, and state)
10. Usual Occupation: Baker
11. Industry or business: own business

FATHER
12. Name: Nicholas Broccolino
13. Birthplace: Italy

MOTHER
14. Maiden Name: Justina Reginelli
15. Birthplace: Italy

16 (a) Informant: Son - Robert Broccolino
(b) Address: above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Balt. Md.

18 (a) Funeral director: Frank Dallas Mag
(b) Address: 52 N. Horby St.

19 (a) FEB 2 - 1941 (Date received by Registrar) (b) Huntington Williams, Jr. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1941, at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-31-41

F 77095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 77095 Registered No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lerner Hosp. Inf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED: same
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Rokeby Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Shannon Birth F 22654

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-41

8. AGE: Years	Months	Days	If less than one day
			4 hr. 5 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis Alfred Shannon
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary Teresa Cain Devlin
15. Birthplace Baltimore Maryland

16 (a) Informant Louis A Shannon
(b) Address 4400 Rokeby Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location E Baltimore

18 (a) Funeral director Leo Levenson & Bro
(b) Address 1124-26 W North ave

19 (a) - (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 2-1 1941

Immediate cause of death pneumonia

Due to

Due to

Other Conditions uterine cancer
Pneumonia 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas F Feheny M. D.
Address 113 E Mount St Date signed 2/5/41

F 77096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

F 77096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 E. Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Bonner Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 yrs. years

3 (a) FULL NAME Isaac Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Levin

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 58 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER
12. Name Hyman Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Rivia —
15. Birthplace Russia.

16 (a) Informant Nathan Levin
(b) Address 3905 Bonner Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 (a) FEB 2 1941 (Date received by Registrar) (b) Burial permit issued by Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1/41 19 5, at 5:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 19 41, to 2/1 19 41, and that I last saw h alive on 2/1 19 41.

Immediate cause of death pernicious fever, pyelonephritis

Duration 5 mo.

Due to pernicious nausea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Klein M. D.
Address Sinai Hospital Date signed 2/4/41

F 77097 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 77097

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Samuel Pollikoff (Pollikof) If U. S. Veteran specify WAR

(a) Residence: No. 1527 N Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Pearl Nee Weinstein

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U.S.A.

FATHER

13. NAME Morris Pollikoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sara

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address) 1527 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL Burial Feb 2-41
Date 19

19. UNDERTAKER Jack Levine Inc
(Address) 1439 E. Baltimore St.

20. FILED ... 19... by ... Registrar.

FEB 2- 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/41 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 5:40 AM 1941 to Jan 31 10:15 am 1941
I last saw him alive on Jan 31, 1941. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Blumenthal M. D.

(Address) W. B. G. H.

INFORMATION—The following information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77098

Luery

F 77098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-3

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 E. Lexington st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 E. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? L years

5-1

3 (a) FULL NAME Joseph Luery

3 (b) If veteran, name war L

3 (c) Social Security Account No. L

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther Zhurntz

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 54 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Junk

11. Industry or business Business Self

FATHER
12. Name Henry Luery
13. Birthplace Balto Md

MOTHER
14. Maiden Name Inlis
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory Bonai Israel
Location Southern ave

18 (a) Funeral director Jas Lewis Inc
(b) Address 4439 E. Balto st

19 (a) FEB 3 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Jan 30 1941, and that I last saw h 94 alive on Jan 30 1941.

Immediate cause of death Fat Vadv. Pulmonary Tuberculosis — Duration 10 yrs

Due to

Due to

Other Conditions Pulmonary Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

H. Bellows
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Weinstock M. D.

Address 4603 Park Heights Ave Date signed 1/30/41

VS 2

F 77099 F 77099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Ruxton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Ruxton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? L years

3 (a) FULL NAME Arnold M. Shapiro

3 (b) If veteran, name war	3 (c) Social Security Account No.
L	L

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife L
6 (c) If alive, give age L years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
15			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Julius P. Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Kate Cohen
15. Birthplace England

16 (a) Informant
(b) Address Father

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Pikesville Chapel
Location North Rd

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 3 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1941, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to 2/1 1941, and that I last saw h[illegible] alive on 2/1 1941.

Immediate cause of death Sub Acute Endocarditis — Duration 1 month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. Saralson
Address 2138 W. North Ave Date signed 2/3/41 M. D.

77100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 77100

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Wilkens Ave~~ 2304 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 46 years

3 (a) FULL NAME Hyman Neiman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Barbara Goodman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 71 | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county and state)
10. Usual Occupation: Clothing Contractor
11. Industry or business: Mfg

FATHER
12. Name: Vankrom
13. Birthplace: Russia

MOTHER
14. Maiden Name: Vankrom
15. Birthplace: Russia

16 (a) Informant: Charles Davis
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: Balto + Candler Sts

18 (a) Funeral director: Jack Louis Inc
(b) Address: 1437 E. Balto St

19 (a) FEB (Date rec'd by registrar) (b) Hunter for Wilmot, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 1 - 1941, at 12.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29 1941, to 2-1- 1941 and that I last saw him alive on 1/31, 1941.

Immediate cause of death
Coronary thrombosis — Duration: 4 days
Due to Arteriosclerotic cardiovascular disease. — 10 years
Due to —
Other Conditions Diabetes Mellitus — 5 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature James R Davis M. D.
Address St. Agnes Hosp. Date signed 2/1/41

F 77101

F 77101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: ST. JOSEPHS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4337 Hamilton Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY ANDERSON Birth F 22648

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-31-41

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name WILLIAM E. ANDERSON

13. Birthplace BALTIMORE, MD.

MOTHER

14. Maiden Name LOUISE MATHANEY

15. Birthplace BALTIMORE, MD.

16 (a) Informant Harry G. Schultz

(b) Address 4218 Powell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Gorsuch Funeral Home

18 (a) Funeral director

(b) Address 7401 Belair Rd.

19 (a) FEB 2 1941 (Date rec'd by registrar) (b) Certificate by Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 1, 1941, at 3:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-1941 to 2-1 1941, and that I last saw him alive on 2-1 1941.

Immediate cause of death INTRA-CRANIAL HEMORRHAGE — Duration 1 DAY

Due to DIFFICULT DELIVERY (BREECH EXTRACTION)

Due to

Other Conditions CONVULSIONS

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Conrad R. Raphen M. D.

Address St. Joseph's Hospital Date signed 2/2/41

F 77102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 77102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1505 Lakeside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Lakeside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia V. White

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ John A. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27th 1869

8. AGE: Years	Months	Days	If less than one day
71	2	4	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Braden Kopf
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Cordelia Nevitt
15. Birthplace Balto Md

16 (a) Informant John A. White
(b) Address 1505 Lakeside Ave

17 (a) Burial (b) Date thereof 2/3/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 2 - 1941 (b) Entered by Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31st 1941, at 3.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941, to Jan 31 1941, and that I last saw her alive on Jan 30 1941.

Immediate cause of death Arterio Sclerotic Heart Disease - Coronary Occlusion
Due to Heart Block
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A Backer
Address 1115 St Paul St Date signed 2/1/41

F 77103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

90-B

F 77103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 W. Preston st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William L. Grimes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1920

8. AGE: Years	Months	Days	If less than one day
21		25	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Dishwasher
11. Industry or business

FATHER 12. Name William Grimes
13. Birthplace Georgia

MOTHER 14. Maiden Name Ella Moreland
15. Birthplace Georgia

16 (a) Informant Paul C. Grimes
(b) Address 312 W. Preston st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-4-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel Co.

18 (a) Funeral director Adolphus Halstead
(b) Address 9120 Reid Hill ave.

19 (a) Date received by Registrar FEB 2 1941 (b) Entered by Initials, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1941 at 7 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1940 to Jan. 30 1941 and that I last saw h alive on Jan. 30 1941

Immediate cause of death: Chronic adhesive & Constrictive pericarditis — Duration: own

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Courtlandt Smyth M. D.
Address St. Joseph's Hosp Date signed 1/31/41

F 77104 ✓ F 77104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otto Brown S.S. 213-01-5753

3 (b) If veteran, name war –

3 (c) Social Security Account No. 220-07-9388

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife –

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Brown
13. Birthplace Richmond Va

MOTHER 14. Maiden Name Charlotte –
15. Birthplace Richmond

16 (a) Informant Homer Brown
(b) Address 330 Hunter Ave Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Adolphus Halsted
(b) Address 908 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26-1941, at 6 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Shock	
Due to Fracture 3rd Cervical Vertebra – Broken Neck	
Due to Multiple Compound Fractures	
Other Conditions Fractures + Bruised Burns	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-26-1941
(c) Where did injury occur? 900 block Hampton Ave (City or town) City (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian – struck by Automobile

23. Signature Howard J. Mulleneaux M.D. (Medical Examiner)
Date signed 1-26-41

F 77105

Popiolek

F 77105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1359 Hull St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** John Popiolek

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8253

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 2-1915

8. AGE: Years	Months	Days	If less than one day
25	2	29	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Automobile repair

FATHER

12. Name Walter Popiolek

13. Birthplace Poland

MOTHER

14. Maiden Name Bertha Czmanski

15. Birthplace Poland

16 (a) Informant Walter Popiolek

(b) Address 1359 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore Co

18 (a) Funeral director William Fialkowski

(b) Address 1618 Eastern Ave

19 (a) FEB 2- 1941 (Date rec'd by registrar) (b) ..... Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941, at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1941, to 1-31 1941, and that I last saw h/m alive on 1/31 1941.

Immediate cause of death: Toxemia — Duration: 6 days

Due to: Pleuritis - Localized suppurative

Due to: Ruptured Appendix

Other Conditions: Pneumonia Rt base

(Include pregnancy within 3 months of death)

Major findings:

Of operations None performed

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. D. McClung M. D.

Address Mercy Hosp. Date signed 1-31-41

F 77106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No. F 77106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 S. Anglesea St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 57 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 S Anglesea (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Leokadya Delinski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Alexander Delinski
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 70 | Months 0 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business " "

FATHER
12. Name Stanislaw Sadowski
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Cecilia Fister
(b) Address 429 S Anglesea St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary.
Location Baltimore Co.
18 (a) Funeral director William Fiansowski
(b) Address 1618 Eastern Ave.
19 (a) 1941 (Date received by registrar) (b) [illegible] Registrar

FEB 2 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1940 to Feb 1 1941, and that I last saw her alive on Jan 31 1941.

Immediate cause of death: Carcinoma of Pancreas — Duration
Due to: Hypostatic Pneumonia
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Lofgren M. D.
Address 437 S Patterson Pk Date signed 2/4/41

F 77107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

✓ F 77107
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3528 Reisterstown Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Louis Greenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/41 1878

8. AGE: Years	Months	Days	If less than one day
62	4	6	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Real Estate

FATHER
12. Name Herman Greenberg
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. D. Bogorad
(b) Address 3528 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery Crematory Agudas Achim Cemetery Location Balto. Md.

18 (a) Funeral director Harris Lowenstein & Sons
(b) Address 1902 Eutaw St.

19 (a) Date received 1941 (b) Registrar

FEB 3 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1941, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10th 1935, to Feb. 2 1941, and that I last saw him alive on 2/2 1941.

	Duration
Immediate cause of death Uremia & Hypostatic Pneumonia	2 days.
Due to Hypertension	4 yrs.
Due to Arteriosclerosis	7 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David B. Bogorad
Address 1905 W. Baltimore St. Date signed 2/3/41

F 77108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 77108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 560 Roland Ave
(c) Hospital or institution: B
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 Valley St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A McCartney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Widowed

6 (b) Name of husband or wife John McCartney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1855

8. AGE: Years	Months	Days	If less than one day
85	6		hr. min.

9. Birthplace Balto Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wade
13. Birthplace Balto, Maryland

MOTHER
14. Maiden Name Mary A. Wade
15. Birthplace Balto Maryland

16 (a) Informant Mrs. Helen Smith
(b) Address 624 Dunbrick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Reba Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date received by Registrar) FEB 3 1941 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1941, to 2-1 1941, and that I last saw h e alive on 1-31 1941.

Immediate cause of death Arteriosclerotic Cardio-Vascular Disease — Duration 5 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Flynn M. D.
Address 423 E. North Ave Date signed 2-4

F 77109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 77109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 Rutland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Josephine Hewett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Taylor Hewett
6 (c) If five, give age 50 years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years: about 32 | Months | Days | If less than one day: hr. min.
9. Birthplace: Richmond Va (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Private home

FATHER
12. Name: Chas Douglass
13. Birthplace: Richmond Va

MOTHER
14. Maiden Name: Mary Edwards
15. Birthplace: Richmond Va

16 (a) Informant: Taylor Hewett (Husband)
(b) Address: 1018 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 2-1941 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location: Balto Co Md

18 (a) Funeral director: Robert E Kelbaugh
(b) Address: 1515 Mc Elderry St

19 (a) (Signature of local registrar) (b) Registrar

FEB 5 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 28 1941, at 7:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1940 to Jan 28 1941, and that I last saw her alive on Jan 28 1941.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 6 mos.
Due to
Due to
Other Conditions: Tuberculosis Laryngitis 2 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Ralph J. Young M. D.
Address: 1429 E Monument St Date signed: Jan 30, 1941

77110 F 77110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Clarkson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Clarkson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie L. McCabe

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benjamin F.

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1874

8. AGE: Years 66 | Months 11 | Days 3 4 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Francis Ryan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Dont Know

16 (a) Informant Benjamin McCabe
(b) Address 1401 Clarkson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 '41 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director ~~Cathedral~~ Margaret Flynn
(b) Address 1422 Light St.

19 (a) (Date rec'd by Registrar) FEB 3 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941 at 7:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1941 to Feb. 1 1941 and that I last saw HER alive on Jan. 31 1941

Immediate cause of death	Duration
Exhaustion	1 day
Due to Cerebral Hemorrhage	1/1/41
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. F. Campbell M. D.
Address 1644 Hanover St Date signed 2-1-41

77111

F 77111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2542 W. Fairmount Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 W. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jackson A. LeFevre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie B. LeFevre
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) September 4, 1863

8. AGE: Years	Months	Days	If less than one day
77	4	26	hr. min.

9. Birthplace Stevens City, Va.
(Town, county, and state)
10. Usual Occupation Retired Carpenter
11. Industry or business

FATHER
12. Name Louis LeFevre
13. Birthplace United States

MOTHER
14. Maiden Name Unknown
15. Birthplace United States

16 (a) Informant Mrs. Annie B. LeFevre
(b) Address 2542 W. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 N. Baltimore St.

19 (a) FEB 2- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1941, at 7.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to Jan 30 1941, and that I last saw him alive on Jan 30 1941.

Immediate cause of death [illegible] Duration 1

Due to [illegible] 27 days

Due to

Other Conditions [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N Kirkpatrick
Address Medical Arts Bldg. Date signed 1/31/41

F 77112 ✓ F 77112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Benson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Ella deBoy — Ella Agnes DeBoy
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John A. DeBoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1875

8. AGE: Years 65 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name John Farrell
13. Birthplace Ireland

MOTHER — 14. Maiden Name Mary Murphy
15. Birthplace Ireland

16 (a) Informant Mr. John A. DeBoy
(b) Address 3401 Benson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director J. F. Donovan
(b) Address ~~1005 W. Baltimore St.~~

19 (a) Date received by Registrar FEB 2 1941 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1941, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3rd 1941 to Jan 30 1941, and that I last saw her alive on 1-30 1941.

Immediate cause of death Cardiac Failure — Duration

Due to Degen C V Dis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S W Parks M. D.
Address St Agnes Date signed 1-30

F 77113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77113 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie E. Woods

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ernest P. Woods
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) August 1859

8. AGE: Years	Months	Days	If less than one day hr.	min.
81	5			

9. Birthplace St. Mary's County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joshua Dean
13. Birthplace St. Mary's County, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace St. Mary's County, Md.

16 (a) Informant Mr. Ernest P. Woods
(b) Address 1019 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by Registrar) (b) Registrar

FEB 2 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1941, at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Jan. 31 1941, and that I last saw her alive on Jan. 30, 1941.

Immediate cause of death	Duration
Acute Myocardial Failure	2 hours
Due to Arteriosclerotic Heart Disease and Hypertensive Heart Disease	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Silverstar, M.D.
Address 527 Light St. Date signed 1/31/41 M. D.

F 77114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Riverside av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Riverside av (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Della Salmon

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business private

FATHER 12. Name John Salmon

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Doherty

15. Birthplace Ireland

16 (a) Informant Mrs. Nick Fleming

(b) Address 1426 Riverside av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Old Frederick Rd

18 (a) Funeral director John J. Doherty

(b) Address 318 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1941, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11, 1941, to Feb. 1, 1941, and that I last saw h[illegible] alive on Feb. 1, 1941.

Immediate cause of death Broncho Pneumonia — Duration 7 days

Due to

Due to

Other Conditions acute Bronchites — 24 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Norris M. D.

Address 107 East West St Date signed 2-2-41.

VS 3

F 77115
392189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1253

F 77115
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Linden ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-16-5966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-07

8. AGE: Years	Months	Days	If less than one day hr.	min.
33	3	16		

9. Birthplace WASH D.C. (Town, county, and state)
10. Usual Occupation ELECTRICIAN
11. Industry or business

FATHER
12. Name John Doyle
13. Birthplace WASH. - D.C.

MOTHER
14. Maiden Name Helen Smith
15. Birthplace WASH. D.C.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Gorsuch Hall Rd - Baltimore Md

18 (a) Funeral director John J Fahey & Sons
(b) Address 93 E Lafayette St

19 FEB 2 - 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1941, at 1220 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 26 1941, to Feb 1 1941, and that I last saw him alive on Feb 1 1941.

Immediate cause of death: Acute Pulmonary Edema — Duration: few minutes

Due to

Due to

Other Conditions Acute Hepatitis and nephritis (Include pregnancy within 3 months of death) — Duration: one week

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper Jr. M. D.
Address Johns Hopkins Hospital Date signed 2-1-41

F 77116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 886 1/2 W Balto St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 886 1/2 W Balto St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Powers Nixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert Nixon

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1900

8. AGE: Years	Months	Days	If less than one day
40	11	3	hr. min.

9. Birthplace Rockbridge Co Va (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Carl Thompson

13. Birthplace Rockbridge Co. Va

MOTHER 14. Maiden Name Ada Smith

15. Birthplace Rockbridge Co Va

16 (a) Informant Mr. Albert Nixon

(b) Address 886 1/2 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)

(c) Cemetery or crematory Riverview Cem

Location Randolph St Richmond Va

18 (a) Funeral director Mrs C Miller Sons

(b) Address 315 E Oliver St

19 (a) FEB 2 1941 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1941, at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1, 1940 to Feb 2 1941, and that I last saw her alive on Feb 1, 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to —

Due to Hypertension

Other Conditions chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Rosenau M. D.

Address 206 S. Arlington Ave Date signed 2-2-41

77117

HEALTH DEPARTMENT—CITY OF BALTIMORE

77117

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Sensul

If U. S. Veteran specify WAR ...

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M. Sensul

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
93			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Bernard D—

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella L—

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Edelson

(Address) 1511 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date 2-3-41 19

19. UNDERTAKER Jack Levin Inc

(Address) 1739 E. Balto. St

20. FILED ... 19 ... by ... Deputy Registrar

FEB 2 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 , 1941

22. I HEREBY CERTIFY, That I attended deceased from 5-18 , 1938 , to 2-2 , 1941

I last saw h[illegible] alive on 2-2 , 1941 . Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Dr. Edmund Levin M. D.

(Address) Levindale

S. H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77118 F 77118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1939

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 Mt. Holly St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Mt. Holly St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edwin L. Drexel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Grace B. Horn

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 11 1867

8. AGE: Years 73 | Months 8 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Penna. R.R.

FATHER 12. Name Herman Drexel

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Zumstead

15. Birthplace Maryland

16 (a) Informant Mrs Grace B. Drexel

(b) Address 404 Mt. Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1941 (month) (day) (year)

(c) Cemetery ~~or crematory~~ New Cathedral

Location Old Frederick Rd

18 (a) Funeral director Harry N. Wiltbe

(b) Address 4101 Edmondson Ave

(a) Date received by registrar FEB 3 1941 (b) Registrar Huntington Williams, M.D.

VS 3-

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1941, to Jan 30 1941, and that I last saw him alive on Jan 26 1941.

Immediate cause of death Cardiac Insufficiency — Duration: unknown

Due to Arteriosclerotic Heart Disease. — Duration: unknown

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Dorothea Thompson Daughaday, M.D.

Address 5829 Belair Rd Date signed 1-31-41

63108-VD

F 77119

F 77119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1940 Eastern Ave.

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2308 Essex st. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Andrew Kurawski ANTHONY OR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13- ?

8. AGE: Years	Months	Days	If less than one day
? 49	3	18	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Martin

13. Birthplace Poland

MOTHER 14. Maiden Name Frances

15. Birthplace Poland

16 (a) Informant B.C.H. records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 41 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart of Mary Location Baltimore

18 (a) Funeral director Fred W. Ozazewski

(b) Address 1930 Eastern Ave

19 (a) FEB 3 1941 (Date received by registrar) (b) Arlington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31- 1941, at 11 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27- 1941, to 1-31- 1941, and that I last saw h[illegible] alive on 1-31- 1941.

Immediate cause of death Bronchopneumonia — Duration 1wk.

Due to Gen. A-S. — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp. Date signed 1-31-41

39 1471
77120

F 77120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N Register St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry J. Fraser

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-81

8. AGE: Years	Months	Days	If less than one day
59	9	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Operator, elevator.
11. Industry or business

FATHER
12. Name Joseph Fraser
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3. 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC. Geo. F. Sander
(b) Address North Ave. & Broadway.

19 (a) Date received by Registrar FEB 3 1941 (b) Registrar Hunter Jos Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 2.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Jan 30 1941, and that I last saw him alive on Jan 30 1941.

Immediate cause of death Pulmonary infarct — Duration 20a

Due to Hypertensive cardiovascular disease — Duration ?

Due to Essential hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Favour M.D.
Address Johns Hopkins Hosp. Date signed 1/30/41

F 77121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID LEWIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day hr.	min.
43 42				

9. Birthplace Kingston Jamaica (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Unemployed

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Anna Norris (29-7)
(b) Address 910 Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Md

18 (a) Funeral director Charles H Harper
(b) Address 514 N. Calhoun St

19 (a) (Date received by Registrar) (b) Attending or Consulting Physician

FEB 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to Suicide

Due to Jumped from high place

Other Conditions Syphilis cardiovascular
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Jan 30, 1941
(c) Where did injury occur? Johns Hopkins Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Jumped out of window 35 ft

23. Signature H. O. Wallenmeier M.D.
Medical Examiner.
Date signed 1-30-41

77122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 77122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Cornell St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Taylor

3 (b) If veteran, name war: World War
(c) Social Security Account No. 216-05-7684

4. Sex: Md | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1891

8. AGE: Years 49 | Months 11 | Days 23 | If less than one day: hr. min

9. Birthplace Kingston, West Indies (Town, county, and state)

10. Usual Occupation Teamster
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Effie Dart (D.T.)
(b) Address 526 S. Green St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md.

18 (a) Funeral director Charles Cooper
(b) Address 514 N. Calhoun St.

FEB 3 - 1941 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1941 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1/29/41
(c) Where did injury occur? 606 Cornell St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? No
(e) Means of injury fell down stairs in kitchen

23. Signature [illegible] M.D. Medical Examiner.
Date signed 1/30/41

DOA 77123 --FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a

Registered No. F 77123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Trappe Rd. Box 313 RFD 10
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thomas Watts

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife ____
6 (c) If alive, give age 1929 years

7. Birth date of deceased (mo., day, yr.) June 15 1940

8. AGE: Years	Months	Days	If less than one day
1	7 6	16	____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name Edward T. Watts
13. Birthplace Baltimore Maryland
14. Maiden Name Bertha V. Grover
15. Birthplace Unknown

16 (a) Informant BCH Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/41 (month) (day) (year)
(c) Cemetery or crematory Fork, Methodist
Location Fork, Maryland

18 (a) Funeral director Kaufman Funeral Home
(b) Address 7401 Belair Road

19 (a) FEB 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1- 1941, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19__, to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death: Acute gastroenteritis — Duration: 14 hours?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Bachman M. D.
Address Balto. City Hosp. Date signed 2-1-41

VS 3

E. J. Maddrey M.D. Asst. Medical Examiner for E. L. Brantley

77124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a F 77124 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2340 Penna. Ave
(c) Hospital or institution: — — —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 Penna. Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Riland Day

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife: Mary Obey Day
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 20, 1874

8. AGE: Years	Months	Days	If less than one day
66	9	10	— hr. — min.

9. Birthplace Richmond Co, Virginia (Town, county, and state)
10. Usual Occupation stevedore
11. Industry or business shipping

FATHER
12. Name John Day
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza —
15. Birthplace Virginia

16 (a) Informant Mrs Mary Day
(b) Address 2340 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 3 - 41 (month) (day) (year)
(c) Cemetery or crematory
Location Date Lea
18 (a) Funeral director Geo. A. Nelson
(b) Address 1313 Brookman St
19 (a) 2-3-1941 (Date rec'd by Registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-41 19 . at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17-41 19 . to 1-30-41 19 , and that I last saw him alive on 1-29-41 19 .

Immediate cause of death: Cerebral Hemorrhage — Duration 1-29-41
Due to: arteriosclerosis, Chronic Nephritis — Duration May, 1940
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature James M. Pair M. D.
Address 40 W. Lexington Date signed 1-31-41

VS 3

F 77125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 77125
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Parkwyrth Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 63
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Parkwyrth Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Dolores Muntz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thos P. Muntz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1877

8. AGE: Years	Months	Days	If less than one day
63	7	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Coakley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dont Know
15. Birthplace Baltimore

16 (a) Informant Frances A Muntz
(b) Address 115 Ludbrook Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 4th 41 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Washington D C

18 (a) Funeral director John Ellerick
(b) Address 2108 Arlington

19 (a) (Date rec'd by Registrar) (b) Harriet Tyler Williams, M.D. (Registrar)

FEB 3 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 1 1941, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941 to Feby 1 1941, and that I last saw her alive on Feby 1 1941.

Immediate cause of death	Duration
(a) Acidtic Nellitus	
Due to (b) Acidtic Coma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kirby M.D.
Address 1106 Gorsuch Ave Date signed 2/3/41

73 KIRBY

F 77126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B

F 77126
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oscar Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-03-9287

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1892

8. AGE: Years 49 | Months | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Bar-Tender

11. Industry or business

FATHER 12. Name Mason Johnson
13. Birthplace Md

MOTHER 14. Maiden Name Virgie Johnson
15. Birthplace Md

16 (a) Informant Robert Johnson
(b) Address 1215 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Baltimore St.

19 FEB 3 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1941 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1941, to 1-29 1941, and that I last saw him alive on 1-23 1941.

Immediate cause of death
Mitral Insufficiency — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Smedlee M. D.
Address 1176 Druid Hill Ave Date signed

VS 3

F 77127

F 77127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ..... Mercy Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 2731 W. North Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Agnes Jane Wilmot

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Divorced

6 (b) Name of husband or wife Harry

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 15-1880

8. AGE: Years	Months	Days	If less than one day
60 61	10	18	hr. ..... min.

9. Birthplace Maryland (Town, County and State)

10. Usual Occupation beautician

11. Industry or business own beauty shop

FATHER 12. Name George Howard Wilmot

13. Birthplace Maryland

MOTHER 14. Maiden Name Josephine Bolden

15. Birthplace Maryland

16 (a) Informant deceased & Agnes J. Wilmot

(b) Address (from hosp. Admission slip)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4, 1941 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn, Balto. Co.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.

(b) Address North & Pa. Aves.

19 (a) 2 1941 (Date rec'd by Registrar) (b) [illegible] for Wilmot, M.D.

EB 8

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 8 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1941 to Feb. 2 1941, and that I last saw h[illegible] alive on Feb. 1 1941

Immediate cause of death Cardiac Failure — Duration Instantaneous

Due to .....

Due to .....

Other Conditions Carcinoma - left breast

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma - left breast

Of autopsy None performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature John F. Schaefer

Address Mercy Hospital Date signed 2/2/41

F 77128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77128 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 519 E. 41st Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 519 E. 41st Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Stevenson Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nettie E. Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24-1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	8	9		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Gas & Electric Service

FATHER 12. Name Elias Thompson

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Gis-Stevenson

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Nettie E. Thompson

(b) Address 519 E. 41st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4-1941 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.

Location Baltimore Md.

18 (a) Funeral director Maurice Cook Lyter

(b) Address 1600 W. North Ave

19 (a) FEB 3- 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1941, at 9:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 . to — 19 , and that I last saw h— alive on — 19 —

Immediate cause of death Acute coronary thrombosis.

Duration Sudden

Due to Probable arterio-sclerotic changes.

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Willis Guyton M.D.

Address 3963 Greenmount Ave Date signed 2/3/41

Dr. Howard J. Maldeis per S.M.

77129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

F 77129 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1070 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1070 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Daniels

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Bertha Daniels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 67 yrs | Months | Days | If less than one day: hr. min.

9. Birthplace Lincoln County N.C. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name John D. Daniels
13. Birthplace N.C.

MOTHER
14. Maiden Name Bettie Dunder
15. Birthplace N C

16 (a) Informant Charles Daniels
(b) Address 825 Parrish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemetery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1070 Edmondson Ave

19 (a) FEB 3 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1941, to Jan 31 1941, and that I last saw him alive on Jan 31 1941.

Immediate cause of death: Bronchial Pneumonia — Duration: 9 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1070 Edmondson Ave Date signed Feb 2 1941

VS 3

F 77130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V83-a

F 77130 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 N Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femal	Colored	Widow

6 (b) Name of husband or wife Benjamin Berry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
67				

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Jesse Berry
(b) Address 703 N. Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemetery
Location
18 (a) Funeral director Eugene Waters
(b) Address 1698 Brantley ave
19 FEB 2 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941 at 7 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941 to Feb 1 1941 and that I last saw h[illegible] alive on Feb 1 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 3 Day

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 703 N Carrollton Ave Date signed Feb 2 1941

F 77131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-A

F 77131 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2850 W.Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2850 W.Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Charles E.Sauerwald

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 212-05-3447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	Married

6 (b) Name of husband or wife Marion A.Sauerwald
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec.19,1886

8. AGE: Years	Months	Days	If less than one day
54	1	12	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Foreman Street Gang
11. Industry or business Cons.Gas & El. Co.

FATHER
12. Name John Sauerwald
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sophia Klaussen
15. Birthplace Balto. Md.

16 (a) Informant Mrs.Marion A.Sauerwald
(b) Address 2850 W.Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.4,1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

FEB 3 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941 at 4:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3, 1940 to Feb. 1, 1941 and that I last saw him alive on Feb. 1, 1941.

Immediate cause of death Cachexia and inanition — Duration 1 mos.

Due to Hyperonephroma of Kidney with metastases to — Duration 1 year

Due to Rib, sternum, pelvis & femur

Other Conditions Pathological fracture of femur, upper third — Duration 5½ mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Biopsy only

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Kendig Wallace M. D.
Address 2839 Walbrook Ave Date signed Feb 2, 1941

F 77132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 77132
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Smith ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Smith Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant of James and Margaret Baker 7 mo. (Birth F 22660)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1941

8. AGE: Years mo | Months mo | Days mo | If less than one day 7/12 hr. min.

9. Birthplace 2600 Smith ave.
(Town, county and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Baker.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Bell.
15. Birthplace Baltimore

16 (a) Informant Margaret Baker.
(b) Address 2600 Smith ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3-1941 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Eutaw pl. Huntington Williams, Mgr.

FEB 3 1941
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1941, at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to Feb 1 1941, and that I last saw him alive on Jan 31 1941.

Immediate cause of death Premature Birth. 7 mo.
Duration 7 hr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R O Blume.
Address 704 Hollins Ferry Rd Date signed (M. D.) Feb 1/41

F 77133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1941D

F 77133 Registered No.

MARGIN RESERVED FOR BINDING - PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3344 Chestnut ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3344 Chestnut ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary E. Freeburger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Andrew L. Freeburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 - 1859

8. AGE: Years	Months	Days	If less than one day
81	2	29 28	hr. min.

9. Birthplace Balto Co. Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Bond
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Claude Freeburger
(b) Address 3344 Chestnut ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-41 (month) (day) (year)
(c) Cemetery or crematory Grave Run Cem
Location Near Black Run Md

18 (a) Funeral director Geo. L. Beyer Jr.
(b) Address 1512 Hollins St

FEB 3 1941 Huntingtown Williams, Md.
(Date rec'd by Registrar)

V8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1941 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1920 to Dec 31 1941, and that I last saw him alive on Jan 21 1941

Immediate cause of death	Duration
Cerebral general arteriosclerosis	10 yrs
Due to	
Due to	
Other Conditions Myocardial failure (Include pregnancy within 3 months of death)	6 mos

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3429 Chestnut Ave Date signed 2/3/41

F 77134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77134 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 150 r Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 r Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 16 years

3 (a) FULL NAME Helen M. Mauritz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Henry Gottlieb Mauritz
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept 24 - 1884

8. AGE: Years	Months	Days	If less than one day
59	5	0	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseg Ritzkat.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (not known)
15. Birthplace

16 (a) Informant Husband - Henry Mauritz
(b) Address 150 r Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md.

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 151 r Hollins St.

19 (a) (Date rec'd by registrar) (b) Attested by Williams M.D.

FEB 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1941, at 4.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 - 1941 to Feb 1 - 1941, and that I last saw h alive on Feb 1 on arrival

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Hypertension Heart Disease	5 years
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence Rockhurst M. D.
Address 124 Gorsuch Falls Pky. Date signed 2-1-41

F 77135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47-D

F 77135

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Muse St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Hilbain Raymond A. Willey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	

6 (b) Name of husband or wife Emma J. Willey
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 30, 1886

8. AGE: Years	Months	Days	If less than one day
54	7	3	hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farming

FATHER
12. Name James H. Willey
13. Birthplace Md.

MOTHER
14. Maiden Name Emma J. Bennett
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address —

17 (a) Removal (b) Date thereof Feb 3 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory —
Location Cambridge Md

18 (a) Funeral director Beauville & LeCompte
(b) Address Cambridge Md

19 (a) ____ (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

FEB 3 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1941, at 3 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1941, to 2-3 1941, and that I last saw him alive on 2-2 1941.

Immediate cause of death
Resp. Failure
Due to
Carcinoma of Lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Not performed
Of autopsy Not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Chaney M. D.
Address Mercy Hospital Date signed 2-5-41

F 77136

F 77136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 W. Monument st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 W Monument st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Ricks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1891

8. AGE: Years	Months	Days	If less than one day
49	11	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Acey Ricks
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Freeman
15. Birthplace Va.

16 (a) Informant Rennie D. Dixon
(b) Address 421 W. Monument st

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 6-41 (month) (day) (year)
(c) Cemetery or crematory Mt Cobb
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Pennsylvania Ave Williams, M.D.

19 (a) FEB 3 1941 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1941 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1941 to Feb 1 1941.
and that I last saw her alive on Feb 1 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	2 dys
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Cooper M.D.
Address 1515 Pennsylvania Ave Date signed Feb 3 1941

E.B.

F 77137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 77137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 Conway St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 444 Conway St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bobbie Jean Silver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Child

6 (b) Name of husband or wife

6 (c) If alive, give age years,

7. Birth date of deceased (mo., day, yr.) Dec. 1 1938

8. AGE: Years 2 | Months 2 | Days - | If less than one day hr. min.

9. Birthplace Halifax Co. N.C. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Lester Silver
13. Birthplace N. Car.

MOTHER
14. Maiden Name Jeanette Boone
15. Birthplace N. Car.

16 (a) Informant Lester Silver
(b) Address 444 Conway St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolph Hartleland
(b) Address 918 Druid Hill Ave

19 (a) Date rec'd by (Registrar) (b) Huntington Wills Registrar
FEB 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1941 at 10 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 25 1941, to Feb 1 1941, and that I last saw h alive on 19.

Immediate cause of death Lobar Pneumonia — Duration 8 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Jarvis M. D.
Address 615 S Bacon St Date signed 2/3/41

77138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 77138 Registered No.

MARGIN RESERVED FOR BINDING - PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARROLL ROBINSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-5434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Dorothy about
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) March 14, 1914

8. AGE: Years	Months	Days	If less than one day hr.	min
26	10	17	19	

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Advertising clerk
11. Industry or business moving picture corporation

FATHER 12. Name	Carrol Robinson
13. Birthplace	Baltimore
MOTHER 14. Maiden Name	Christina Otherwood
15. Birthplace	Baltimore

16 (a) Informant brother C.O. Robinson
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 5=1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co
Location E. Northern ave. Ext.

18 (a) Funeral director Henry Lentz
(b) Address 1203 N. Broadway

FEB 3 - 1941 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1941 at 7 25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 1st, 1941
(c) Where did injury occur? North Ave and Charles St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury passenger on truck which struck street pole

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 2-1-41

F-77139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

XV F 77139 49-a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Oxford R.D #3 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Mrs John O Larson (Maine)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John O Larson
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 3, 1861

8. AGE: Years	Months	Days	If less than one day
79	8	29	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Frederick Hegge
13. Birthplace Norway

MOTHER
14. Maiden Name Ingeborg Hegge
15. Birthplace Norway

16 (a) Informant Oliver Larson,
(b) Address Oxford, Pa.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oxford Pa.
Location Oxford, Pa.
18 (a) Funeral director C. E. Tyson
(b) Address Rising Sun Md.
19 (a) Huntington Williams, M.D. (b) Registrar
(Date rec'd by registrar)
FEB 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 9:25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1941, to Feb 2 1941, and that I last saw him alive on Feb 2 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Generalized carcinomatosis	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Retroperitoneal mass -
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R.R. Clifford M. D.
Address U. M. H. Date signed 2-3-41

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. E 7140

7140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 Evergreen Ave Brooklyn, N.Y.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Brown Birth # F 24064

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Newborn

6 (b) Name of husband or wife Newborn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1941

8. AGE: Years | Months | Days | If less than one day 5 hr. 35 min.

9. Birthplace Sinai Hospital (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Morris Brown
13. Birthplace Brooklyn, New York

MOTHER
14. Maiden Name Matilda L. Bayer
15. Birthplace New York City

16 (a) Informant Mary J. Le Bayer
(b) Address 215 Tenth St., New York

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 3 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) FEB 3 1941 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1941, at 12:03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1941 to 1/28 1941, and that I last saw him alive on 1/27 1941

Immediate cause of death
Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis R. Holloway M. D.
Address Sinai Hospital Date signed 1/29/41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77141 - 107 ✓ Registered No. 77141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4049 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 E Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeanette Quinn ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1891

8. AGE: Years	Months	Days	If less than one day
49	6	28	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Unemployed

FATHER
12. Name James Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Spencer
15. Birthplace n. va.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 3 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 3- 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23- 1941, at 6.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7- 1941, to 1-23-1941, and that I last saw h-d alive on 1-23-1941.

Immediate cause of death Bronchopneumonia — Duration

Due to Uremia dysuria

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 1-31-41

F 77142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 77142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo. 2da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4900 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Harry Haskovitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Hebrew	Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 15, 1877

8. AGE: Years	Months	Days	If less than one day
63	3	19	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Owner & Manager

11. Industry or business Grocery

FATHER
12. Name ?
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant —
(b) Address Wife

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-41 (month) (day) (year)
(c) Cemetery or crematory N. C. Cemetery
Location Mt Carmel

18 (a) Funeral director Jack Frye Co
(b) Address 1439 E. Balto St

19 (a) — (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1941, at 6-19 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1940 to Feb. 3 1941, and that I last saw him alive on Feb 3 1941.

Immediate cause of death Coron. Heart Failure

Due to Arteriosclerosis Heart Disease

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Harold A. Gott

Address W. B. G. H. Date signed M. 2 D. 3 1941

77143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 77143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Lynnhaven Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Lynnhaven
(If rural give location)
(e) If foreign born, how long in U. S. A.) 48 years

3 (a) FULL NAME Abe J. Bloom

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pearl Bloom
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Alexander Bloom
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Wife
(b) Address Wife

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Bnai Israel
Location Southern ave
FEB 3 1941

18 (a) Funeral director Jos. Louis Sons
(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2- 1941, at 1:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940, to Feb 2 1941, and that I last saw h[illegible] alive on Feb 2 1941.

Immediate cause of death Bronchial Asthma — Duration
Due to
Due to
Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Postarnak M.D.
Address 2324 Reisterstown Rd Date signed 2/3/41

VS 3

F 77144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77144 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2138 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 E Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Katherine Bonhage

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August Bonhage 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	25	24 hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework at Home
11. Industry or business

FATHER
12. Name Carl Hebzelein
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Hebzelein?
15. Birthplace Germany

16 (a) Informant Miss Margaret Bonhage
(b) Address 2138 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E North Ave Balto Md

18 (a) Funeral director Albert L Walter
(b) Address 1606 N Charles Street

19 (a) FEB 3-1941 (Date rec'd by registrar) (b) Remington Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 24 1941, to Feb. 2 1941, and that I last saw ~~him~~ her alive on Feb. 2 1941.

Immediate cause of death	Duration
Mitral Regurgitation Decompensated Hypertension Arteriosclerosis	11 D.
Due to Chronic Interstitial Nephritis	11 D.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F A Stevens M. D.
Address 2878 Harford Av Date signed 2-3-41

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. B 77145

77145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Baldwin
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl Green — Burial F 22682

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1941

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Frank Green
13. Birthplace Stony Fork, N. C.

MOTHER
14. Maiden Name Ruby Green
15. Birthplace Gap Creek, N. C.

16 (a) Informant Mrs. Ruby Green
(b) Address Baldwin, Harford Co., Md.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL FEB 3 1941
COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 FEB 3 1941 Huntington Williams M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1941, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-1941, to 1-31-1941, and that I last saw her alive on 1-31-1941.

Immediate cause of death Prematurity — Duration 12 hrs.

Due to Labor induced because of fulminating hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Miller, M. D.
Address University Hospital Date signed 2-1-41

VS 3

F 77146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95-B Registered No. F 77146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Rutland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Algia Ford

3 (b) If veteran, name war WW
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Irene Morris
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 13, 1893

8. AGE: Years	Months	Days	If less than one day
47	9	18	hr. min.

9. Birthplace Crewe, Virginia (Town, county, and state)
10. Usual Occupation Teamster
11. Industry or business

FATHER
12. Name Acie Ford
13. Birthplace Crewe, Va.

MOTHER
14. Maiden Name Mathilda Ford
15. Birthplace Crewe, Va.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Balto-National
Location Baltimore Md

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 FEB 3- 1941 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1941, at 9:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31, 1941, to Jan. 31, 1941, and that I last saw him alive on Jan. 31, 1941

Immediate cause of death Cardiac Failure — Duration 1 day
Due to Rheumatic heart disease — 6 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland Date signed 2/3/41

F 77147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

✓F 77147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SUSIE BUTLER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Maried

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1876

8. AGE: Years 64 65 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Samuel Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Swann
15. Birthplace Maryland

16 (a) Informant Sarah Anderson
(b) Address 419 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A. A. Co.

18 (a) Funeral director Rayner & Anders
(b) Address 1412 E. Preston St.

19 (a) FEB 3 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1941, at 6 20/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: months

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmaker M.D. Asst Medical Examiner.
Date signed 2-5-41

VS 6

F 77148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 77148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 S. Augusta Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 5 8
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. Augusta Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME H. WALTER JOHENNING

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Mary McMahon Johenning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1883

8. AGE: Years	Months	Days	If less than one day
57	8	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Bureau Minor Privileges
11. Industry or business City of Baltimore

FATHER 12. Name Henry Johenning
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Flanigan
15. Birthplace Baltimore, Md.

16 (a) Informant George T. Evans
(b) Address 118 W. Mt. Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. F. Bauerlein Inc.
(b) Address 118 W. Mt. Royal ave
19 (a) FEB 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1931, to 2-2 1941. and that I last saw him alive on 2-2 1941.

Immediate cause of death arteriosclerosis
Due to hypertension
Due to Diabetes
Due to Ch. Nephritis
Due to Hypertrophic arthritis
Other Conditions Cardiac decompensation

Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature H. J. Lyell M. D.
Address 332 Fremont Ave Date signed 2-3-41

VS 8

77149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

Registered No. B 77149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ambassador Apts 39th & Canterbury Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Marcus Wilton Wolf JR

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced single.

6 (b) Name of husband or wife Single

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July-12-1879

8. AGE: Years 61 | Months 6 | Days 21 | If less than one day: hr. 20 min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Law

FATHER
12. Name Marcus W Wolf
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Sarah M. George
15. Birthplace Balto Md.

16 (a) Informant S. Geo. Wolf (Brother)
(b) Address 103 Longwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4-44 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. SARATOGA AVENUE

19 (a) Filed by (Registrar) FEB 3 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1941, at 2:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1941, to Feb. 2 1941, and that I last saw him alive on Feb. 2 1941.

Immediate cause of death Heart disease — Duration 5+ years

Due to Coronary thrombosis — 2 years

Due to Arteriosclerosis — 5+ years

Other Conditions Pneumonia + uremia. over — 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh F. Pearce M.D.

Address Union Memorial Date signed 2/4/41

77150 ✓ F 77150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3608 Woodbine Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3608 Woodbine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Joseph Kain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Blanche E. Kain
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb 2 1885

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Salesman 10 yrs
11. Industry or business

FATHER
12. Name Robert Kain
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Frances Stanton
15. Birthplace Baltimore Md

16 (a) Informant Frank J. Kain Jr.
(b) Address 3608 Woodbine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Harry A. Annacost
(b) Address 4204 Ridgewood Ave

19 (a) Feb 3 1941 (Date rec'd by registrar) Huntington Williams Asst. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Feb 2 1941, and that I last saw him alive on Jan 22 1941.

Immediate cause of death Coronary Thrombosis — Duration 10 min.
Due to Arteriosclerosis — 6 mo
Due to Coronary arteritis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ruth A. Watkins M.D.
Address 2705 St Paul Date signed 2/3/41

EP 2-1941 GR

77151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md. 27-10

(d) Length of stay in hospital or inst. (yrs., mos., or days): 22hours

(e) Length of stay in Baltimore (yrs., mos., or days): 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 4229 Ivanhoe Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John Leo Bowes

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Bertha Nelson

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): February 11, 1891

8. AGE: Years	Months	Days	If less than one day
49	11	20	hr. min.

9. Birthplace: Pottsville, Pennsylvania (Town, county, and state)

10. Usual Occupation: Electric welder

11. Industry or business: B. & O. Railroad

FATHER

12. Name: John Bowes

13. Birthplace: Pennsylvania

MOTHER

14. Maiden Name: Anne McNamara

15. Birthplace: Pennsylvania

16 (a) Informant: Records-US Marine Hospital,

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1941 (month) (day) (year)

(c) Cemetery or crematory: Balto National

Location: Frederick Rd.

18 (a) Funeral director: John G. Moran

(b) Address: 3000 E. Balto st

19 (a) FEB 3- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 1, 1941, at 5:10 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31, 1941 to Feb. 1, 1941, and that I last saw him alive on Feb. 1, 1941

Immediate cause of death	Duration
Heart failure	2 days
Due to: Coronary thrombosis	3 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: [signature] M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed 2/3/41

77152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77152

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Arnold - Pines-on-the-Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Nora Mannix

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1868

8. AGE: Years	Months	Days	If less than one day
72	11	2	hr. min.

9. Birthplace Towanda, Pennsylvania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Mannix
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Margaret Holland
15. Birthplace ----- Ireland

16 (a) Informant Miss Ann M. Coleman
(b) Address 805 North Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery or crematory ----------
Location Towanda, Pennsylvania

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) Filed FEB 3 1941 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1941, to 2-3 1941, and that I last saw her alive on 2-3 1941.

Immediate cause of death	Duration
Respiratory failure	17 yrs.
Due to Diabetes	40 yrs.
Due to	
Other Conditions Bilateral cancerous of breast & metastasis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M. D.
Address Union Memorial Hosp. Date signed 2-3-41

VS 3

F 77153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511-Somerset Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511-Somerset Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

5 1

3 (a) FULL NAME George Frederick Bach

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lula K. (Schuppner)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 23, 1876
8. AGE: Years 64 | Months 8 | Days 10 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Prop. Paint & Hardware Store
11. Industry or business:

FATHER
12. Name: John P. Bach
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Metzger
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mary Bach - Sister
(b) Address: 511-Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/5/41 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto. Co. Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735-Harford Ave.

19 (a) (b) Date rec'd by registrar: Lurington Williams Registrar

VS-8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1940 to Feb 3 1941, and that I last saw him alive on Feb 3 1941.

Immediate cause of death

Chronic Interstitial Nephritis — Duration: Jan 3 1941

Due to: Selno Dermatosis — Duration: Jan 1940

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Jorge S. Allen
Address: 50 Augusta St. Date signed: 2/5/41

F 77154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 ✓ Registered No. F 77154

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Bank St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Tornyno (Taromino)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-16-5144

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dorothy Taromino
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sam. Taromino
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Joseph Taromino
(b) Address 409 S. Edmondson

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/4/1941 (month) (day) (year)
(c) Cemetery or crematory Holy Rood Cemetery
Location Belair Road

18 (a) Funeral director Wendell Chapel
(b) Address 342 N. Pulaski Huntington Williams, Md

19 (Date rec'd by registrar) (b) Registrar

FEB 3 1941
FEB 3 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31- 1941, at 3:50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon and from the evidence obtained by said Autopsy, Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar Pneumonia — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-25-41
(c) Where did injury occur? 3736 Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? No (Specify type of place)
(e) Means of injury Fell 2 stories on tile

23. Signature Howard J. Andersen M.D. Medical Examiner.

Date signed 2-1-41

over

77155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-F

Registered No. F 77155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W Lees & Calvin Aves.
(c) Hospital or institution: St. Agnes Hospital Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wash
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Julia H. Boswell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Fred C.
13. Birthplace Germany

MOTHER 14. Maiden Name Anna Tasnocht
15. Birthplace Md.

16 (a) Informant A. K. Coffman
(b) Address Hagerstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6-1941 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location Clearspring, Md

18 (a) Funeral director A. K. Coffman
(b) Address Hagerstown, Md

19 FEB 3- 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1941, to 2-3 1941, and that I last saw h[illegible] alive on 2-3 1941.

Immediate cause of death Lymphosarcoma of Mediastinum | Duration 2 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Hope Jr M. D.
Address St Agnes' Hospital Date signed 2-3-41.

VS 3

77156 Hess

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 77156 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N Paca Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Hess

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Hess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1870

8. AGE: Years 70 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name William Getty
13. Birthplace Ireland

MOTHER 14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Raymond A Hess Nephew
(b) Address 27 Tonkin Road Balto Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/3/41 (month) (day) (year)
(c) Cemetery or crematory Marysville Pa
Location

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 3 1941 (Date rec'd by Registrar) (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 3 1941, and that I last saw her alive on Feb 1 1941.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Fullerman M. D.
Address 2324 Reisterstown Rd Date signed 1/3/41

F 77157

F 77157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 St 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 2 9 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kenneth R Williams

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 217-07-1760

4. Sex: M | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 22nd 1888

8. AGE: Years	Months	Days	If less than one day
52	10	8	hr. min.

9. Birthplace Louisville, Ky
(Town, county, and state)

10. Usual Occupation Electrical Engineer
11. Industry or business Gross Candle Co

FATHER
12. Name Laurence R Williams
13. Birthplace Louisville, Ky

MOTHER
14. Maiden Name Dude Williams
15. Birthplace Hudson, Ohio

16 (a) Informant Mrs Dude Williams
(b) Address Route Bx 98 Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (Signature of local registrar) FEB 4 - 1941 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 19 41 at 9 22 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said H. (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Anderson M.D.
Medical Examiner.
Date signed 1/30/41

THE MORGUE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F 77158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33-a

F 77158

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 768 Bartlett Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 768 Bartlett Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alberta A Wentz

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	28-03-5048	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1930

8. AGE: Years	Months	Days	If less than one day hr.	min.
20	10	13		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Shop Lady
11. Industry or business Ford Spin

FATHER
12. Name Jacob A Wentz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Flossie M Bortrup
15. Birthplace Baltimore Md

16 (a) Informant Flossie M Wentz
(b) Address 768 Bartlett Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Fulton & Son
(b) Address 1219 E Fort Ave

19 (a) 1941 Martin W Williams M.D.
(Date received by registrar) Registrar

FEB 4

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 11:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941, to Feb 2 1941, and that I last saw her alive on Feb 1 1941.

Immediate cause of death Cardiac Failure — Duration: one hr

Due to Pneumonia

Due to La Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1123 St Paul St Date signed

F 77159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 77159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 days

(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1414 Linden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Susie Marie Reardon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-4446

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert R. Reardon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1897

8. AGE: Years 44 Months - Days 27 If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Laundress

11. Industry or business Lord Balto. Hotel

FATHER 12. Name James Lenard

13. Birthplace Ireland.

MOTHER 14. Maiden Name Kate Smith

15. Birthplace Ireland.

16 (a) Informant Robert W. Reardon

(b) Address 629 N. Brice St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) FEB 4 - 1941 (Date rec'd by registrar) Wilmington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1941, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1940, to 2-3 1941, and that I last saw h[illegible] alive on 2-2 1941.

Immediate cause of death: Respiratory failure.

Due to: Carcinoma of breast

Due to: General metastasis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Not granted

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Mercy Hosp. Date signed 2-3-41

F 77160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77160 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Tunnard Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 62 years

3 (a) FULL NAME Mary Florence Price

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: George A. Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11th 1876

8. AGE: Years 64 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Deals Island Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Benjamin Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Margaret T. Bradshaw
15. Birthplace Md

16 (a) Informant B. Wilson Price
(b) Address 2909 Alameda Blvd
17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) FEB 4 1941 (Date rec'd by registrar) Hunter for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1941, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2, 1940, to Feb 2, 1941, and that I last saw her alive on Feb 2, 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 mos.
Due to Hypertension	?
Due to Arteriosclerosis	?
Other Conditions Partial paralysis	3 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Francis N. Ogden M. D.
Address 2701 N. Calvert St. Date signed Feb 3, 41

VS 3

F 77161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-D

F 77161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2832 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Guilford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward R. Buckheimer

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rosa Buckheimer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 5. 1875
8. AGE: Years 65 | Months 3 | Days 27 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Merchant Tailor
11. Industry or business Retired

FATHER
12. Name Peter Buckheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Butts
15. Birthplace Germany

16 (a) Informant Rosa Buckheimer
(b) Address 2832 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Fullerton Bros
(b) Address 214 E. Saratoga St
19 (a) FEB 1 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 3:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 2 1941, and that I last saw him alive on Feb 1 1941.

Immediate cause of death: Exhaustion — Duration 10 d
Due to: Oedema lungs — 12 d
Due to: Hemiplegia 2 Jan 19/41
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harriet G Catlin M. D.
Address 1816 N. Charles St Date signed 2/3/41

VS 3

F 77162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-D Registered No. F 77162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or Institution: Aged Woman's or Aged Man's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** MARY CATHERINE ZERWECK

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 23. 1860

8. AGE: Years 80 | Months 6 | Days 9 | If less than one day: hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School Teacher Retired

11. Industry or business

FATHER
12. Name Frederick Zerweck.
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Morgan
15. Birthplace Md

16 (a) Informant Mrs Gary W Keil
(b) Address 1219 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fulton & Cox
(b) Address 1217 Park Ave

(c) FEB 4 - 1941 (Date rec'd by Registrar) filing for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1941, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2/39 19.. to 2/2/41 19.. and that I last saw her alive on 2/1/41 19..

Immediate cause of death: Cirrhosis of the liver ? — Duration: ? yrs.

Due to: ovr

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos R Jarrett.
Address 1115 St. Paul St over City Date signed 2/3/41

F 77163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 77163 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Hynson

3 (b) If veteran, name war No
3 (c) Social Security Account No. 220-01-6459

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married, widowed, or divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Sadie E. Hynson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec 26th 1883
8. AGE: Years 57 | Months 1 | Days 5 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Cons Eng. Co.

FATHER
12. Name Zaracha Hynson
13. Birthplace W Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Virginia M. Miller
(b) Address 3416 Lyndale Ave
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) FEB 4 1941 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1941, at 2:30 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Feb 1 1941, and that I last saw ~~him~~ alive on Jan 31 1941.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 weeks
Due to: arteriosclerosis	5 years
Due to: Arterial hypertension	5 years
Other Conditions: myocardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. LeBoutillier
Address 601 S. Ellwood Ave Date signed 2/1/41 (M. D.)

F 77164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 112

F 77164 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Bonaparte Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Bonaparte Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie H. Davidson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~: John [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 - 1859

8. AGE: Years 81 | Months 6 5 | Days 2 3 | If less than one day: hr. min.

9. Birthplace Buckeystville Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Basil Bruchey
13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth Webster
15. Birthplace Md

16 (a) Informant Ethel Eugenia Davidson
(b) Address 1206 Bonaparte Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 4 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 - 1941, at 1 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to to Feby 1941, and that I last saw her alive on Feby 3 1941.

Immediate cause of death: Inflammation of Lungs

Due to

Due to

Other Conditions Bronchial asthma

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Thos. N. Mogford M. D.
Address 14 E. Read St Date signed 2. 3. 41

VS 3

F 77165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 77165 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Caroline st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. White

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~: Phill White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1861

8. AGE: Years	Months	Days	If less than one day
79	9		hr. min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: Invalid
11. Industry or business: Nursing Home

FATHER
12. Name: (Unknown) Sullivan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Not known
15. Birthplace:

16 (a) Informant: Anna Robey
(b) Address: 832 N. Washington St

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Holy Redeemer
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 (a) FEB 1 — 1941 (Date rec'd by registrar) (b) Huntington Ave Hospital

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1941, to Feb 2 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death	Duration
Pulmonary oedema	
Mitral Murmur	
Due to Confirmation Page	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R P Carman M. D.
Address 1704 N Caroline Date signed 2-3-41

F 77166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77166 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 N. Calvert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 N. Calvert st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugenia Marie Klemm (Glendening)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or ~~wife~~ Theodore Roy Klemm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16th 1892

8. AGE: Years	Months	Days	If less than one day
48	8 9	16	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name Edward Wells Berry
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Ann Fitzpatrick
15. Birthplace Balto Md.

16 (a) Informant Theodore Roy Klemm Sr
(b) Address 2125 N. Calvert St

17 (a) Burial (b) Date thereof 2/5/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location " Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 4 - 1941 (Signature of Registrar) Theodore Roy Klemm Sr
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1941, at 2:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Feb 2 1941, and that I last saw h alive on Feb 2 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Arteriosclerosis — Days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alfred Shriver M. D.
Address 1116 Northern Pkwy Date signed 2/3/41

77167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77167 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Penna Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Penna Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Jackson
3 (b) If veteran, name war —
(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 30 78

8. AGE: Years	Months	Days	If less than one day
63	1	2	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Warner Jackson
13. Birthplace Va

MOTHER
14. Maiden Name Amelia Montague
15. Birthplace Va.

16 (a) Informant Patrick Jackson
(b) Address 238 Wilson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory Antioch Cem
Location

18 (a) Funeral director Geo. W. Nelson
(b) Address 1302 Pennsylvania Ave

19 (a) FEB 4 - 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1941 at 12 46 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1941, to Feb. 1 1941, and that I last saw h alive on Feb. 1 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Generalized Arterio-Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Coleman Hyneman M. D.
Address 1814 Eutaw Place Date signed 2-2-41

F 77168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 77168 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 W 36th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 W 36-2 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Weaver Sr.

3 (b) If veteran, name war: Civil War V
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower.

6 (b) Name of husband or wife: Caroline M. Weaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 1844

8. AGE: Years	Months	Days	If less than one day
97	1	7	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Retired Blacksmith
11. Industry or business

FATHER
12. Name Jacob Weaver.
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace - Unknown

16 (a) Informant George W. Weaver Jr.
(b) Address 1507 W 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Poplar.
Location Balto Co. Md.

18 (a) Funeral director Thenwood & Sonneman
(b) Address 3615-17 Eastern Ave.

19 (Date rec'd by registrar) FEB 4 - 1941 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3, 1941, at 1 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to Feb 3 1941, and that I last saw him alive on Feb 3 1941.

Immediate cause of death: Arterio-Sclerosis and Chronic Nephritis — Duration 3 yrs.
Due to senile age.
Due to also. Cardiac decompensation — 1 wk.
Other Conditions —

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rosa Duke Rice
Address 846 W 36th St. Date signed 2/3/41

F 77169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77169

94-A Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Cox Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard N. Ballard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-18-3649

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Maude Ballard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1883

8. AGE: Years	Months	Days	If less than one day
57	8	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Charles E. Ballard
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Fawes
15. Birthplace Md.

16 (a) Informant Isaac E. Ballard.
(b) Address 4203 Elsa Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Chestnut Ave.

19 (a) FEB 4 1941 (Date received by registrar) (b) Lauretta F. Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Vandegrift M.D. Medical Examiner

Date signed 2/3/41

77170 F 77170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-41 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 N Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1859

8. AGE: Years	Months	Days	If less than one day
81	6	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Joseph J. Amos
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Lowe
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Henry W. Dean
(b) Address 1325 N. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Hampstead
Location Roland Ave

18 (a) Funeral director John J. Kenney Son
(b) Address 90 Hollins St.

19 (a) (Date received by Registrar) FEB 4 1941 (b) VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1940 to 2/2 1941, and that I last saw her alive on 2/1 1941.

Immediate cause of death	Duration
(a) Bronchopneumonia, cardiovascular disease with cerebral hemorrhage	8 wks.
Due to	
Due to	
Other Conditions Diaphragmatic hernia (5 yrs)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E Stacy
Address 3603 Eamden Av. Date signed 2/3/41

F 77171

391893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-A

Registered No. F 77171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 N Exeter (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3.(a) FULL NAME Samuel CHARLES JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No 220-01-1972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-24-1890

8. AGE: Years	Months	Days	If less than one day
50	11	1	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name William Johnson

13. Birthplace Va —

MOTHER 14. Maiden Name Sarah Watts

15. Birthplace Va —

16 (a) Informant Records —

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 3 1941 (month) (day) (year)

(c) Cemetery or crematory National Cemty

Location Balto. Md.

18 (a) Funeral director Walter B. Griggs

(b) Address 211 N Hamley St

19 (a) (Date received by registrar) (b) Registrar's signature

FEB 4 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 30 1941, at 3204 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 26 1941 to JAN 30 1941, and that I last saw h/M alive on JAN 30 1941.

Immediate cause of death	Duration
Increased intracranial Pressure	2 weeks
Due to Cystic malignant glioma Left temporal lobe	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. O'Donnell M. D.

Address J.H.H. Date signed 1-30-41

HEALTH DEPARTMENT—CITY OF BALTIMORE

77172 77172

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Vine St. 19-K Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Butley

If U. S. Veteran specify WAR _____

(a) Residence: No. 1710 Vine St. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): — — 1889

7. AGE: Years 57 | Months — | Days — | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ann Arundel Co Md

FATHER

13. NAME: Israel Butley

14. BIRTHPLACE (city or town) (State or country): A A Co Md

MOTHER

15. MAIDEN NAME: Laura Harvey

16. BIRTHPLACE (city or town) (State or country): Washington DC

17. INFORMANT: Amos Butley

(Address) 1710 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 2/5, 1941

19. UNDERTAKER: Watts P. Jarvis

(Address) 139 W Lanvale St.

20. FILED _____, 19___ _____ Registrar

FEB 4 - 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1941 to Feb 1, 1941

I last saw him alive on Jan 31, 1941 Death is said to have occurred on the date stated above, at 11:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr endocarditis	
(Rheumatic regurgitation)	—
Other contributory causes of importance: Pulmonary Edema	—

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. F. Howell M. D.

(Address) 600 Cathedral St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. E 77173

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1042 Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Stockton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME HENRY BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Nora Brown
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) [illegible] 1908

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Halifax Va. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Wallace Brown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Nora Brown Wife
(b) Address 1042 Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/41 (month) (day) (year)
(c) Cemetery or crematory
Location Halifax Va.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 W. Mount St.

19 (a) FEB 7 1941 (Date received by registrar) Hunting ton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 8 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. A. Williams M.D. Medical Examiner.
Date signed 2-2-41

F 77174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 77174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 N. Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Bellzora Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widow

6 (b) Name of husband or wife Geo. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1852

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Vienna Md.
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Andrew Dockins
13. Birthplace Md

MOTHER
14. Maiden Name Julia Sorrell
15. Birthplace Md.

16 (a) Informant Willis Dockins
(b) Address 1241 Ashland Av

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/6/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore City

18 (a) Funeral director Wm. H. Henderson
(b) Address 4329 Reisterstown Rd

19 (a) 2-6-41 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1941, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1941, to 2/1 1941, and that I last saw h[illegible] alive on 1/31 1941.

Immediate cause of death Cerebral hemorrhage — Duration 22 days

Due to hypertensive cardiovascular disease — Duration 8 or 9 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M.D.

Address 1370 E. Madison St Date signed 2/3/41

F 77175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77175 / 107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 W Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine E Roach

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-12-0879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 28 1872

8. AGE: Years	Months	Days	If less than one day
68	9	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Paper Box Maker
11. Industry or business

FATHER
12. Name John Roach
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Murphy
15. Birthplace Ireland

16 (a) Informant Mary E Roach
(b) Address 716 W Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo. A. Tapley
(b) Address Fallsway & Fayette

19 (a) FEB 4 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941 to Feb 2 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death	Duration
Congestive heart failure	1 week
Due to Hypertension	several years
Due to	
Other Conditions Bronchopneumonia	1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel J. Roop M. D.
Address Mercy Hospital Date signed 2-2-41

F 77176

F 77176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospt
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 y 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

19

3 (a) FULL NAME John J Wetzel

3 (b) If veteran, name war: Yes Worlds | 3 (c) Social Security Account No. 218-07-7323

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances Wetzel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 26 1900 1900

8. AGE: Years 40 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: New York (town, county, and state)

10. Usual Occupation: Nurse

11. Industry or business:

FATHER
12. Name: John Wetzel
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary McElroy
15. Birthplace: Ohio

16 (a) Informant: Mrs Frances Wetzel
(b) Address: 1605 Lemmon st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)

(c) Cemetery or crematory: Catholic
Location: Baltimore Md

18 (a) Funeral director: Geo A Tilley
(b) Address: Fulton & Fayette

19 (a) Date filed by registrar: 2-4-1941 (b) Registrar: Elizabeth Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-41 1941, at 12 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1941, to 2-3-41 19, and that I last saw h(im) alive on 2-2-41 19

Immediate cause of death: Malnutrition — Duration

Due to: Unknown Etiology

Due to:

Other Conditions: Bronchiectasis, Emphysema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Functioning gastro jejunostomy & Jejunostomy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Lemmon M. D.
Address: St Josephs Hosp. Date signed

VS 3

77177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 77177

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 511 N. Wolfe St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 511 N. Wolfe St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm B. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 - 1856

8. AGE: Years	Months	Days	If less than one day
84	7	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER

12. Name Gerhardt Robert

13. Birthplace Germany

MOTHER

14. Maiden Name Catherine Huebner

15. Birthplace Germany

16 (a) Informant Miss Amelia E. Smith

(b) Address 511 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 41 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans St.

19 (a) Huntingtown Williamsport Md. (Date received by registrar) FEB 4 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to Feb 2 1941, and that I last saw him alive on Feb 2 1941.

Immediate cause of death

Myocardial failure

Coronary thrombosis

Due to

Due to Chronic myocarditis 6 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter W White Jr

Address 2800 St Paul St Date signed 2/3/41

F 77178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77178 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 S. Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Montford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Miesenbeck

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George Miesenbeck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31 - 1868

8. AGE: Years 72 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob Kaufman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Barbara Kraft
15. Birthplace Baltimore

16 (a) Informant George Miesenbeck
(b) Address 618 S. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 6 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 4 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to Feb 3 1941, and that I last saw h[illegible] alive on Feb 3 1941.

Immediate cause of death	Duration
Acute Cerebral Apoplexy	acute
Due to Cerebral Arterio-Sclerosis & Hypertension	7 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil J. Deringer

Address 1001 E. Pratt Date signed 2/3/41 M. D.

77179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 77179

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3131 FAIT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 FAIT AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME SARAH E. WAY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife GEORGE F. WAY
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) APR. 14 1872

8. AGE: Years	Months	Days	If less than one day
68	9 10	27 17	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN BYARD
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name CASANDREWS SABLES
15. Birthplace BALTIMORE MD.

16 (a) Informant GEORGE F. WAY (HUSBAND)
(b) Address 3131 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 5/41 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 E. MOLFE ST.

19 (a) FEB 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 1 1941, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Feb 1 1941, and that I last saw h[illegible] alive on Feb 1 1941.

Immediate cause of death Bronchopneumonia
Due to Acute Heart Failure
Due to Chronic Hypertrophic Arteriolitis
Other Conditions Chronic Bronchitis

Duration
Immediate — Few hours
Due to — Several years.

(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lucius E. Litle M.D.
Address 928 N. Charles St. Date signed 2/3/41

F 77180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 77180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Rural - Millersville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband or wife Stephen Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1891

8. AGE: Years	Months	Days	If less than one day
49	6		hr. min.

9. Birthplace Anne Arundel Co (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Moses Johnson
13. Birthplace Anne Arundel Co

MOTHER
14. Maiden Name Lucy Wilson
15. Birthplace Anne Arundel Co

16 (a) Informant Estella Thomas
(b) Address 1107 Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1941 (month) (day) (year)
(c) Cemetery or crematory John Wesley
Location Severn Cross roads Md

18 (a) Funeral director Mrs. Katie L. Williams
(b) Address 3[illegible] Mt. Lebanon St.

Filed Feb 4 1941 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 1 1941, at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1941, to 2-1 1941, and that I last saw h[illegible] alive on 2 - 1 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 4 hours
Due to Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Mossenden M. D.
Address Provident Hospital Date signed 2-1-41

VS 3

77181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 69

Registered No. 77181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Eden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Hawkins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
53			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (Date rec'd by registrar) FEB 4 - 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pellagra — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Sanderson M.D.
Medical Examiner.
Date signed 1/30/41

VS 6

7182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. 7182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD BISHOP.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 4 - 1941 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1941 at 11 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to Fracture of left femur	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-23-41
(c) Where did injury occur? City Hospitals 26-12 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Institution While at work? no (Specify type of place)
(e) Means of injury slipped + fell on floor

23. Signature H. A. Woblenmeier M.D. Asst Medical Examiner

Date signed 1-27-41

F 77183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 77183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County
(c) City or town: Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1425 Druid Hill (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Charles Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1911
8. AGE: Years: 30 Months: Days: If less than one day: hr. min.
9. Birthplace: Balt., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: ?
13. Birthplace

MOTHER
14. Maiden Name: ?
15. Birthplace

16 (a) Informant: Geo. McDowell
(b) Address: 1425 Druid Hill

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941 Commissioner of Health

18 (a) Funeral director: Per H. A. Moore.
(b) Address

19 (a) FEB 4 - 1941 (Entered by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 27 19 41 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29/40 to 1/27/41 and that I last saw h[illegible] alive on 1/27/41.

Immediate cause of death: Chemical Peritonitis — Duration
Due to: Postoperative Shock
Due to:
Other Conditions: Perforated gastric ulcer, multiple — Intestinal fistulae
(Include pregnancy within 3 months of death)

Major findings: (1) Perforated gastric ulcer
Of operations: 1/27/41 Chemical Peritonitis (2) Multiple intestinal fistulae (3) Postoperative shock

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Welcome M.D.
Address: Provident Hosp. Date signed: 1/29/41

VS 3

F 77183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a

F 77184 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM SADLER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 - 1877

8. AGE: Years	Months	Days	If less than one day
63	1	56	hr. min

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William A. Sadler
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Annie
15. Birthplace Virginia

16 (a) Informant Mrs. Joseph Sadler
(b) Address 1321 Lemmon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. A. Arcland
(b) Address 1651 Druid Hill Ave.
(c) FEB 4 - 1941 (Date rec'd by registrar) Huntington Williams Reg. Sub-Reg.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st 1941, at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner
Date signed 2-1-41

77185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77185

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1012 N. Vincent St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1012 N Vincent St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ida Kent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife John Kent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
71	—	—	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business own home

FATHER

12. Name Wesley Chase

13. Birthplace Calvert Co. Md

MOTHER

14. Maiden Name Caroline Arthur

15. Birthplace Calvert Co. Md

16 (a) Informant Mary Mullen

(b) Address 1012 N Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location West Fort,

18 (a) Funeral director Wm Brooks

(b) Address 1463 N. Carey St.,

19 (a) (b) Huntington Williamsport Md

(Date rec'd by registrar) 1941

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 2—2 1941, at 7:30 P M

21. I certify that death occurred on the date above stated: that I attended deceased from 1-26 1941, to 2-2 1941, and that I last saw her alive on 2-1 1941.

Immediate cause of death Lobar Pneumonia — Duration 1 wk 2-2-41

Due to

Due to

Other Conditions Myocarditis — unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Frank H Saunders M. D.

Address 1049 N. Stricker St. Date signed 2-3-41

391820
F 77186

F 77186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 6519 Cleveland Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Walter Bagdanski

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-3723

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-84

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	11	12		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Heater

11. Industry or business Bethlehem Steel Co

FATHER 12. Name Pete Bogdanski

13. Birthplace Poland

MOTHER 14. Maiden Name Mary Lupaska

15. Birthplace Poland

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Feb. 4. (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Gravity Oldsfield N. J.

18 (a) Funeral director Fred W Obrzenski

(b) Address 1930 Eastern Ave.

FEB 4 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1941 to Feb 3 1941, and that I last saw him alive on Feb 3 1941.

Immediate cause of death Miliary Tuberculosis — Duration: about 3 wks.

Due to — Duration: over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Miliary Tubercles in liver

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A F Jonas Jr. M. D.

Address The Johns Hopkins Hospital Date signed 2-3-41

VS 3

F 77187 (OWL) ✓ F 77187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33d and Calvert Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Upnor Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Jennie Adele Wallace

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2, ~~1854~~ 1856

8. AGE: Years	Months	Days	If less than one day
85 ~~or~~	1	1	hr. min.

9. Birthplace New Castle, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henderson Wallace
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Martha Ritchie
15. Birthplace Virginia

16 (a) Informant Mr. Richard Mommers
(b) Address 108 Upnor Road

17 (a) Bremation (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 FEB 4 - 1941 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1941, at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1941, to Feb. 3 1941, and that I last saw h e i alive on Feb. 3 1941.

Immediate cause of death Cerebral vascular accident own (stroke) — Duration 4 days
Due to Hyper-Tension — Duration Years
Due to Arteriosclerosis — Duration Several years
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 2/3/41

VS 3

F 7 7188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 77188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3131 O'Donnell Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 O'Donnell Street
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME IVOR THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	216-01-9056

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1875

8. AGE: Years	Months	Days	If less than one day
65	9	23	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Mill Hand
11. Industry or business

FATHER
12. Name Thomas D. Thomas
13. Birthplace Wales

MOTHER
14. Maiden Name Jane Davis
15. Birthplace Wales

16 (a) Informant Mrs. Mary Johns
(b) Address 3131 O'Donnell Street

17 (a) Burial (b) Date thereof 2/5/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

FEB 4 - 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1941, at 4 A. M

21. I certify that death occurred on the date above stated that I attended deceased from Nov. 14 1940 to Feb 3 1941
and that I last saw him alive on Feb 2 1941

Immediate cause of death Carcinoma of Liver — Duration 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Operation: Inoperable
Carcinoma of Liver
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. E. Nolan, M.D.
Address 3 N. Liddle St. Date signed 2-7-41

F 77189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 77189 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Born 27 99 years

3 (a) FULL NAME JEANETTE MEYER OR MYER.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1941

8. AGE: Years	Months	Days	If less than one day
		27	26 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Peter T Myer
13. Birthplace Poland

MOTHER
14. Maiden Name Thelma Myers
15. Birthplace Baltimore, Md

16 (a) Informant Father Peter T Myers
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. A Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) [illegible] Huntington Williams M.D.
(Date received by registrar) (Registrar)

FEB 4 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3rd 1941, at 10 50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Acute gastro-enteritis cause undetermined	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 2-3-41

F 77190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77190

CERTIFICATE OF DEATH

83-a

Registered No. 15-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Reisterstown Rd St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Myers

If U. S. Veteran specify WAR ...

(a) Residence: No. 2704 Reisterstown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Myer Myers

6. DATE OF BIRTH (month, day, year) December 21-1858

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
82	1	12/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Arya Erit

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Erna Strin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Myers

(Address) 2704 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Windsor Mill Rd Date 2-4-41 19

19. UNDERTAKER Jack Reiza Inc

(Address) 1439 E. Balto. St

FEB 4 — 1941 — Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3d, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1941, to February 3d, 1941

I last saw h.. alive on February 3d, 1941. Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral hemorrhage	
Other contributory causes of importance:	
Cardiac asthenia	
Pulmonary Edema	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Benjamin Nader M. D.

(Address) 2306 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-d 77191

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St., Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Mariam Rubenstein

If U. S. Veteran specify WAR

(a) Residence: No. Greengrove - Belvedere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rubenstein

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Liba Bass

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinblatt

(Address) Greengrove & Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-4-41, 19

19. UNDERTAKER Jack Pearlman Inc

(Address) 1439 E. Baltimore St

FILED FEB 4 — 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1932, to 2/3, 1941

I last saw her alive on Feb. 3, 1941. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance: Fracture of right hip	

Was an operation performed? Yes Date of 12-15-40

For what disease or injury? Fracture of right hip

Name of operation Roger Anderson splint applied

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-13, 1940

Where did injury occur? Levindale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off chair 29+17

Nature of injury Fracture Right hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

VS 8

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 7719?

HEALTH DEPARTMENT—CITY OF BALTIMORE

Social Security #

CERTIFICATE OF DEATH

46-BH 77192

1. PLACE OF DEATH 216-01-0987.

Registered No.

CITY OF BALTIMORE: (No. 125 South High St., 3rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Max Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 125 S. High St., 3rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Bessie Cohen

6. DATE OF BIRTH (month, day, year) Oct 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65-64	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) Sept 1940

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lazard Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sol Cohen

(Address) 2525 Quantico ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel 2-20 19 41

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E Baltimore St

20. FILED FEB 4 1941 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1940 to Feb 4, 1941

I last saw him alive on Feb 3, 1941 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	unknown
	about

Other contributory causes of importance: —

Was an operation performed? yes Date of Nov 15, 1940

For what disease or injury? Gastric carcinoma.

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David C. Roberts M. D.

(Address) 2419 Reisterstown Road Baltimore Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D F 77193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 S. bentalane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 411 S. bentalane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Devage

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Frank Devage

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1865

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Anthony ? Poggi
13. Birthplace ?

MOTHER
14. Maiden Name Theresa ?
15. Birthplace ?

16 (a) Informant Lidy Pilo
(b) Address 411 S. bentalane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Martin W. E. Dippel
(b) Address 37 S. Conn St.

19 (a) Date rec'd by registrar FEB 4 — 1941 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 12 10 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 28 41 to Feb 2 1941, and that I last saw h[illegible] alive on Feb 2 1941.

Immediate cause of death — Duration
Myocarditis — 2/1/41
Due to
Due to Ch. Myocarditis — 1937
Other Conditions Bronchial Asthma — 1937
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Bryan M. D.
Address 801 Cathedral Date signed 2/4/41

F 77194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77194

Registered No. 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 N. Stockton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 N. Stockton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME George Finney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Bettie Finney
6 (c) If alive, give age ——— years
7. Birth date of deceased (mo., day, yr.): Aug 15 1882
8. AGE: Years: 58 Months: 5 Days: 17 If less than one day ——— hr. ——— min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business:

FATHER
12. Name: James Finney
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Bessie Spicans
15. Birthplace: Virginia

16 (a) Informant: Bettie Finney
(b) Address: 1131 Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 4 (day) 41 (year)
(c) Cemetery or crematory: Arbutus
Location:

18 (a) Funeral director: Geo. W. Kelson
(b) Address: 1303 Pennsylvania Ave.

19 (a) FEB 4 1941 (Date rec'd by Registrar) (b) ——— Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1941, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1941 to 2-2 1941, and that I last saw him alive on 2-1 1941.

Immediate cause of death: Myocarditis — Duration: unknown
Due to: unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Frank R. Saunders M. D.
Address: 1029 Stricker St. Date signed 2-4-41

F 77195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a F 77195 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Lamon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carington Flood Dutt F 10135

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	ed	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May, 1940

8. AGE: Years	Months	Days	If less than one day
	8		hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name James Flood
13. Birthplace Va.

MOTHER
14. Maiden Name Alice —
15. Birthplace Va

16 (a) Informant James Flood
(b) Address 1828 Lamon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 5 (day) 41 (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Pleasant [illegible]

FEB (a) [illegible] 1941 (Date received by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 2 1941, at 2:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1941, to 2-2 1941, and that I last saw him alive on 2-2 1941.

Immediate cause of death	Duration
Acute Gastro enteritis (Enteritis specific diarrhea)	5 days
Due to	
Due to	
Other Conditions Bronchopneumonia Otitis Media (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. M. Wesander M. D.
Address Provident Hospital Date signed

VS 3

F 77196 HEALTH DEPARTMENT—CITY OF BALTIMORE F 77196

CERTIFICATE OF DEATH × 161-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 2 Ward) 20-1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 1 hrs

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Weinhardt

If U. S. Veteran specify WAR ...

(a) Residence: No. 6306 Frederick Ave. St., ... Ward. Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

Birth F 22249

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2.3.41

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Weinhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Esther Wolff

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Esther Weinhardt
(Address) 6306 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/4/41

19. UNDERTAKER F. B. Herbert & Son
(Address) 1324 Eutaw Pl

FEB 4 1941

20. FILED ... 19... Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.3.41 19...

22. I HEREBY CERTIFY, That I attended deceased from 2.3.41 10:55A.M. to 2.3.41 12:25P.M.

I last saw him alive on 2.3.41 19... Death is said to have occurred on the date stated above, at 12:25P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the Newborn	

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Collins M.D. M. D.

(Address) 2025 N. Fayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

77197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55-E

Registered No. F 77197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 John Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 John Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Nellie Routh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY 7, 1867

8. AGE: Years	Months	Days	If less than one day
73	8	26	hr. min.

9. Birthplace OTTAWA, CANADA (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name ALEXANDER J. ROUTH
13. Birthplace CANADA

MOTHER
14. Maiden Name HARRIET M. SHEPHERD
15. Birthplace LONDON (ONTARIO) CANADA

16 (a) Informant Mrs Louise Routh Odell
(b) Address 39 Boleson Ave. Toronto, Canada

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/4/1941 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 W. NORTH AVE.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941 at 10.45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Carcinomatosis - origin unknown — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm B Vandiver M.D. Medical Examiner.
Date signed 2/3/41

77198
38 #196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 77198
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town 21 Sherwood Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Pikesville (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Helen K. Mahon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ellis J.
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 6-22-92

8. AGE: Years	Months	Days	If less than one day
48	7	11	— hr. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Wm. Rawlings
13. Birthplace Md. BALTIMORE

MOTHER
14. Maiden Name Jane Marton
15. Birthplace Md. BALTIMORE

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/5/1941 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MARYLAND

18 (a) Funeral director Walter Brooke Bradley
(b) Address 1922 N. NORTH AVE.

19 (a) 19 (Date) by registrar Huntington Williams M.D.

FEB 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940 to Feb 3 1941, and that I last saw h er alive on Feb 3 1941.

Immediate cause of death: Cardiac failure — Duration 4 mos.
Due to: Hypertensive cardio-vascular disease — 5 yrs.
Due to:
Other Conditions: Arteriosclerotic nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Klemperer M.D.
Address Johns Hop. Hosp. Date signed 2/3/41

VS 3

F 77199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 77199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Change Waters
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Newton N. Anderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 15 - 1878

8. AGE: Years	Months	Days	If less than one day
62	5	18	hr. min.

9. Birthplace Change Waters N. J.
(Town, county, and state)

10. Usual Occupation Window washer

11. Industry or business

FATHER
12. Name John A. Anderson
13. Birthplace New Jersey

MOTHER
14. Maiden Name Emma J. Dannett
15. Birthplace New Jersey

16 (a) Informant Minnie Anderson
(b) Address 28 Cleveland St. Elizabeth N. J.

17 (a) Burial (b) Date thereof 2/4/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem
Location Linden N. J.

18 (a) Funeral director J. C. Moran
(b) Address 300 E. Baltimore St. Washington Wilmington, Del.

19 (a) (b)
(Date rec'd by Local Registrar) Registrar

FEB 4 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 3 - 1941, at 5-20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration
Internal Hemorrhage
Due to Multiple Fractures
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2 - 3 - 41 11-2
(c) Where did injury occur? 1301 Park Ave City
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? Yes
(Specify type of place)
(e) Means of injury Fall from 2nd floor to pavement

23. Signature Howard J. Alexander M.D.
Medical Examiner.
Date signed 2-4-1941

77200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B F 77200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 S Regester (If rural give location)
(e) If foreign born, how long in U. S. A? 30 yrs years

3 (a) FULL NAME Michael Konichuck or Mike Konichuck

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael Konichuck

13. Birthplace Russia

MOTHER 14. Maiden Name —

15. Birthplace Russia

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1941 (month) (day) (year).

(c) Cemetery or crematory Holy Trinity Russian

Location Anne Arundle County

18 (a) Funeral director John J. Strebliancke Jr.

(b) Address 623 S. Paca St.

19 (a) FEB 4 — 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 2 1941, and that I last saw him alive on Feb 2 1941.

Immediate cause of death Generalized arteriosclerosis with (1.) heart failure

Due to: (2.) cerebral hemorrhage

(3.) beginning gangrene of feet.

Due to: (4.) nephritis

Cirrhosis of liver

Duration
?
?
over

Other Conditions Terminal bronchopneumonia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Gutsche jr. M.D.

Address Johns Hopkins Hosp. Date signed Feb 3/41

Correct name, address, and other items, if wrong. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

57662-ED

77201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 77201 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo.10das.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Holbrook St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mary Sutton

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-1866

8. AGE: Years	Months	Days	If less than one day
74	5	26	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Muty
13. Birthplace Ireland

MOTHER
14. Maiden Name Theresa
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave. just North of Belair Rd.

18 (a) Funeral director Edward W. Coughlan Son
(b) Address 924 E Eager St.

19 (a) FEB 4 1941 Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3- 1941, at 1:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-1940 to 2-3-1941 and that I last saw h-- alive on 2-3-1941.

Immediate cause of death: Cardiac Failure — Duration: 7
Due to: Hypertensive CVD — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-4-41

F-77202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-77202

Registered No. 1541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 W 38 St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Rowley. Birth # F 22800

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo. ~~Stillborn~~.

8. AGE: Years ~~Stillborn~~ | Months | Days | If less than one day: 3 hr. 10 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Donald Rowley.
13. Birthplace Md.

MOTHER
14. Maiden Name Anna ?
15. Birthplace Md.

16 (a) Informant Donald Rowley.
(b) Address 1118 W 38th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Cross.
Location Taylor Road

18 (a) Funeral director Reynolds & Bonaparte
(b) Address 3618 Old Frederick Road

19 (a) Filed by registrar (b) Registrar's signature

FEB 2 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1941, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941, to Jan 30 1941, and that I last saw him alive on Jan 30 1941.

	Duration
Immediate cause of death ~~Stillborn~~	~~Stillborn~~
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Date signed 2-1-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 77203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milton & Eaton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 4
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Edmondson Ridge (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Josephine Kahn

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or ~~wife~~ Otto Kahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16th 1863

8. AGE: Years	Months	Days	If less than one day
77	3	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name (Unknown) Jenkins
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Otto Kahn
(b) Address 7 Edmondson Ridge-Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) [illegible] (Date received by Registrar) (b) Huntington Williams M.D. Registrar

FEB 4 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-1941, at 4.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-1941, to 2-4-1941, and that I last saw her alive on 2-4 1941.

Immediate cause of death	Duration
Cerebro vascular accident	4-5 days.
Hemiplegia Rt. side	
Due to Arteriosclerotic C.V.D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Hope Jr M. D.
Address St. Agnes' Hosp. Date signed 2-4-41

77204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 77204 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address JOHNS HOPKINS HOSPITAL

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 30min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 836 Rutland Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME TERRY Burial # F 77202

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Baldk	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 31, 1941

8. AGE: Years	Months	Days	If less than one day
			2 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER

12. Name James Terry

13. Birthplace Virginia

MOTHER

14. Maiden Name Dorothy Dance

15. Birthplace Virginia

16 (a) Informant

(b) Address

17 (a) ---------- (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941

Commissioner of Health

18 (a) Funeral director

(b) Address Rev. M. A. Moore

19 (a) FEB 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

1-241

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31, 1941, at 3:15pM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1941, to Jan. 31 1941, and that I last saw him alive on Jan. 31 1941.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Cystic fibrosis of pancreas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: C

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M. D.

Address Johns Hopkins Date signed 2-4-41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-B Registered No. F 77205

77205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland –
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da. 6hrs 5min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 North Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME JOHNSON Birth F 22569

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------	----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 25, 1941

8. AGE: Years	Months	Days	If less than one day
		3	6 hr. 5 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Sylnic Cudoza
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Juanita Oliver
15. Birthplace Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 4 – 1941 (b) Per Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1941, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1941, to Jan. 28 1941, and that I last saw him alive on Jan. 28 1941.

Immediate cause of death	Duration
Empyema lower	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address Johns Hopkins Date signed 2-4-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6544

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

Registered No. 7206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: ...
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 53 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ...
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Edmondson Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME HILL

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife ... 6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) December 26, 1940

8. AGE: Years	Months	Days	If less than one day
			7 hr. 53 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Calvin Hill
13. Birthplace Pennslyvania

MOTHER
14. Maiden Name Margaret Ann Steratt
15. Birthplace Maryland

16 (a) Informant ...
(b) Address ...

17 (a) ... (Burial, cremation, or removal) (b) Date thereof ... (month) (day) (year)
(c) Cemetery or crematory ...
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941

18 (a) Funeral director Commissioner of Health
(b) Address ... Per M. A. Moore

19 (a) FEB 4 - 1941 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1940, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1940, to Dec. 26 1940, and that I last saw him alive on Dec. 26 1940.

Immediate cause of death ... Duration

Due to Pneumonia

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature ...
Address ... M. D.
Date signed 2-4-41

VS 3

6345

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 22210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 North Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---------- years

3 (a) FULL NAME THOMAS

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 12, 1940

8. AGE: Years	Months	Days	If less than one day
			2 hr. 31 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Charles Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Webb
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 4 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 4 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1940 to Nov. 12 1940, and that I last saw him alive on Nov. 12 1940.

Immediate cause of death — Duration

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams M. D.
Address Johns Hopkins Date signed 2-4-41

6240

F 77208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 77208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 W. Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM F. KIRBY

3 (b) If veteran, name war: World
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gladys Carey
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) June 30, 1897
8. AGE: Years 43 | Months 7 | Days 1 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Ship worker
11. Industry or business Obrecht Lynch Corp

FATHER
12. Name William F.
13. Birthplace Balto

MOTHER
14. Maiden Name Emma Hartman
15. Birthplace Rock Hall

16 (a) Informant Mrs. W.F. Kirby
(b) Address 1116 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director J.F. McCauley
(b) Address 230 E. Fort Ave

(c) Date rec'd FEB 4 - 1941 (d) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1941, at 12:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular renal disease — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 2-5-41

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77209
390206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124-P F 77209 Registered No.

Please answer all questions as completely as information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S Rose (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA Schaeffer (SAfaR)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife John J. Safar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-04

8. AGE: Years 36 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation H Wife

11. Industry or business

FATHER 12. Name SAMUEL FALKOWSKI
13. Birthplace Poland

MOTHER 14. Maiden Name MARY THOMAS
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Highlandtown

18 (a) Funeral director Stephen Galkowski
(b) Address 1700 S. Kenwood Ave

19 (a) FEB 1 1941 (Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 1045P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1940, to Feb 2 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death Cirrhosis of liver — Duration

Due to

Due to over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Tierney M. D.
Address Johns Hopkins Hosp. Date signed 2-2-41

VS 3

77210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

F 77210 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Poppleton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Dugan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Eleanor Dugan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1877

8. AGE: Years	Months	Days	If less than one day
63	5	28	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Constable
11. Industry or business

FATHER
12. Name Thomas Dugan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Elenor C. Halford
(b) Address 914 Lemmon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5-1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

FEB 4 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1941, at 3:27 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941 to Feb. 2 1941, and that I last saw him alive on Feb 2 1941.

Immediate cause of death Congestive Heart Failure — Duration 1 Day

Due to Arteriosclerotic + Hypertensive C.V.D. — Duration Sev. Yrs.

Due to — Duration

Other Conditions Cerebral Hemorrhage — Duration 1 day
c Rt. Hemiplegia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W C Livingood M. D.
Address Mercy Hospital Date signed 2-2-41

GORE

7211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

Registered No. E 7211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Pulaski Sts
(c) Hospital or institution Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 W. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Wilmer M. Gore

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-8731

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Ina C. Gore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1879

8. AGE: Years	Months	Days	If less than one day
61	11	910	hr. min.

9. Birthplace Baltimore Co. Md
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Pentagon R.R.

FATHER
12. Name Samuel Gore
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Lydia Corfer
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Ina C. Gore
(b) Address 2504 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George Ly Schmidt
(b) Address 2101 Frederick Ave

19 (a) FEB 4 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1941, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2nd 1941, to Feb. 3rd 1941, and that I last saw him alive on Feb. 2nd 1941.

Immediate cause of death Carcinoma of Rectum ? a probable Cerebral metastasis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Ca. of Rectum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuston M.D.
Address Bon Secours Hosp. Date signed 2-3-41

THESE WHITE PLANCE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. X N F 77212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Stillwater Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH MEEK

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-01-6202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Josephine Meek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-15-1875

8. AGE: Years	Months	Days	If less than one day
65	8	18	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Penn. R. R.

FATHER
12. Name Joseph Meek
13. Birthplace Austria

MOTHER
14. Maiden Name Unk.
15. Birthplace "

16 (a) Informant Mrs. Josephine Meek
(b) Address 306 Stillwater Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex Md.

19 (a) 1941 (Date filed by registrar) (b) Irving Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 6 25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration
Due to Fracture of femur
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 26, 1941
(c) Where did injury occur? Home near Back River Neck (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Pedestrian struck by auto

23. Signature H. J. Waltemeier M.D.
Medical Examiner.
Date signed 2-2-41

77213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B Registered No. F 77213

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Mt Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. #32
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Raymond L. Watkins
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1889

8. AGE: Years	Months	Days	If less than one day
52	0	28	hr. min.

9. Birthplace Mt Airy, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Connelly
13. Birthplace Md

MOTHER
14. Maiden Name Rachael Duvall
15. Birthplace Md

16 (a) Informant Mrs Hazel Fitzgerald
(b) Address Mt Airy Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1941 (month) (day) (year)
(c) Cemetery or crematory Prospect Cemetery
Location Mt. Mt. Airy, Md.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield, Md

19 (a) FEB 4 - 1941 (Date rec'd by registrar) (b) Huntington Willcutts, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 3 1941, at 2:01 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 21 1941, to 2 - 3 1941, and that I last saw h e r alive on 2 - 3 1941.

Immediate cause of death	Duration
Rheumatic C-V disease	
Hypertension	
Due to Ascites	
Due to Emaciation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Leitch M. D.
Address University Hospital Date signed 2-3-41

77214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

283 / 43-D / 77214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? about 51 years

3 (a) FULL NAME Margaret Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife (Deceased) John William Frederick
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	8	23		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant John Frederick (Son)
(b) Address 1805 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6 1944 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.
(a) Funeral director A. H. Lloyd & Sons
(b) Address 1400-02 N. Charles St.

19 (a) FEB 4 1944 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1944, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1944 to Feb 3 1944, and that I last saw him alive on Feb 2 1944

	Duration
Immediate cause of death Acute Dilatation of Heart	3 days
Due to Senile Myocarditis	3 Mos.
Due to Arteriosclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Kirk Jones M.D.
Address 16 Randall Date signed 2/4/44

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63125-FD

77215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 77215

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1254 James St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Bulgen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-1852

8. AGE: Years	Months	Days	If less than one day
88	6	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Zell
13. Birthplace England

MOTHER
14. Maiden Name Margaret Greenfield
15. Birthplace Pa.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (b) Date thereof Feb 5, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Leuden Pk
Location Baltimore Md.

18 (a) Funeral director Jos. Bernard & Son
(b) Address 1400-02 Lombard St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.R.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1941, at 11.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 2-1 1941, and that I last saw her alive on 2/1 1941.

Immediate cause of death
Terminal bronchopneumonia — Duration 3 days
Due to Fracture trochanteric fracture left femur — 5 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-27-41
(c) Where did injury occur? Baltimore (City or town) 24-2 (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell down steps

23. Signature Sidney R. Feldman Jr. M. D.
Address Baltimore City Hosp. Date signed 2-2-41

Dr. H. L. Wattenmaker per dmw

77216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

✓ F 77216

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 S. Sharp St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 S. Sharp St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bessie E. Johnston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed —

6 (b) Name of husband or wife Maurice Johnston (Deceased) 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	26	____ hr. ____ min.

9. Birthplace Loudon Co., Va. (Town, county, and state)

10. Usual Occupation at home —

11. Industry or business

FATHER
12. Name David McDonough
13. Birthplace Va.

MOTHER
14. Maiden Name ? Mercer
15. Birthplace Va.

16 (a) Informant Winston Johnston (Son)
(b) Address 135 S. Gittings St.

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Anne Arundel Co., Md.

18 (a) Funeral director G. Howard Evans
(b) Address 1400-02 S. Charles St. —

1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to Feb 2 1941, and that I last saw h[illegible] alive on Feb 2 1941.

Immediate cause of death Pneumonia — Duration 6 mo.
Due to —
Due to —
Other Conditions Hypertension & Bronchitis — 3 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. B. Wheeler M. D.
Address 1279 Fulham Date signed 2/4/41

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 77217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44-B

F 77217

Registered No.

The information requested on this certificate is required by law (Ordinances of Baltimore, Art. 12, Secs. 113-120, inclusive). Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Allegheny & Bosley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alexander H. Paterson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Caroline H. Paterson
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): May 11. 1878
8. AGE: Years: 62 | Months: 8 | Days: 23 | If less than one day: ..... hr. ..... min.
9. Birthplace: Arnot Penna (Town, county, and state)
10. Usual Occupation: Dentist
11. Industry or business: self

FATHER
12. Name: Henry Paterson
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Elizabeth Hogg
15. Birthplace: Scotland

16 (a) Informant: John C. Paterson
(b) Address: 11 Fidelity Bldg
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md
18 (a) Funeral director: Wm Cook
(b) Address: 1217 St Paul St

FEB 5 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1941, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1940, to Feb. 4 1941, and that I last saw him alive on Feb. 4 1941.

Immediate cause of death: a Pneumonia
b Reticulo-endotheliosis

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: a 3 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Henry A Bruce M. D.
Address: Tenneyson Hospt. Date signed: 2-7-41

F 77218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-F

F 77218

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E. monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Towanda ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 58 57 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor Self

FATHER
12. Name Eli Miller
13. Birthplace Russia

MOTHER
14. Maiden Name Ida.
15. Birthplace Russia

16 (a) Informant Eli Miller
(b) Address 3719 Towanda ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 41 (month) (day) (year)

(c) Cemetery or crematory Rosedale Cemetery
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W North ave

19 (a) FEB 5 - 1941 (Registered by registrar) (b) Harriet E. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1941, at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1941, to 2/4 1941, and that I last saw him alive on 2/4 1941

Immediate cause of death lymphosarcoma — Duration: one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Max Kaufman

Address Sinai Hosp. Date signed 2/4/41 M. D.

Please fill in all items, with ONE EXCEPTION: Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-L

F 77219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4234 Falls Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS FRIEDA TIMMONS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2696

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Warner Timmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1885

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55 37	2	3		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ethel Wetzberger
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Albert W. Bergey
(b) Address 440 E. North Ave

19 (a) (Signature of registrar) (b) Hunting for Williams

FEB 5 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1941, at 9:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fractures of right humerus & right tibia & fibula

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 1st, 1941 27-15
(c) Where did injury occur? in front of 4250 Falls Road. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 2-7-41

Please write plainly, with INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77220

HEALTH DEPARTMENT—CITY OF BALTIMORE

77220

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Laurens St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Thomas Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 419 Laurens Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar Thos Phillips

6. DATE OF BIRTH (month, day, year) 3/10/64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raymond Va.

FATHER

13. NAME Thos. Phillips

14. BIRTHPLACE (city or town) (State or country) Southampton

MOTHER

15. MAIDEN NAME Barham

16. BIRTHPLACE (city or town) (State or country) Southampton

17. INFORMANT Edgar Thos Phillips
(Address) 419 Laurens St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2-8 1941

19. UNDERTAKER Samuel W. Cheye & Son
(Address) 628 N. Gilmor St

20. FILED FEB 5 - 1941 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/41

22. I HEREBY CERTIFY, That I attended, deceased from 1/30/41 to 2/4/41

I last saw alive on 2/4/41 Death is said to have occurred on the date stated above at 4:30 P.M.

The principal cause of death and related causes of importance are as follows:

Uremia Acholuric Jaundice

Other contributory causes of importance:

Injuries to Eye Ks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hilda Elias M. D.

(Address) 624 Madison

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 a

F 77221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W F 77221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4804 Edmondson ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4804 Edmondson ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George W. Strong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Catherine Rapp Strong
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 23 1883

8. AGE: Years	Months	Days	If less than one day
57	10	10	hr. ..... min.

9. Birthplace Maryland (Town, county, and state).
10. Usual Occupation Foreman Machinist
11. Industry or business B. & O. R. R.

FATHER
12. Name Strong
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Catherine Rapp Strong
(b) Address 4804 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5/41. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St

18 (a) Funeral director Harry H. Whittle
(b) Address 4491 Edmondson Ave

FEB 5 - 1941
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941. at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941. to Feb 3 1941. and that I last saw him alive on Feb 3 1941.

Immediate cause of death	Duration
Pulmonary Edema	4 hrs.
Due to Coronary Thrombosis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. O. Von Schultz M.D.
Address 4816 Edmondson Ave Date signed Feb 4/1941

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 77222

F 77222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Forest St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Jongue (Richard Thomas)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Not Nine (Town, county, and state)

10. Usual Occupation

11. Industry or business Not None

FATHER
12. Name
13. Birthplace Not None

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Rosie Jongue
(b) Address 1125 Woodyear st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 6th/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E Roy Oliver
(b) Address 1500 Druid Hill Ave

19 (a) FEB 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31- 1941, at 4:00 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreden M.D.
Medical Examiner.
Date signed 2-1-41

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77223 F 77223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-A Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5305 Kirk Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5305 Kirk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph T. Wiellert

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Mary Burger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 - 1850

8. AGE: Years	Months	Days	If less than one day
85	7	20	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER 12. Name Phillip Wiellert
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret Mueller
(b) Address 5305 Kirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edward L. Cook
(b) Address 5305 Belair Rd

19 (a) FEB 5 — 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 4 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1941, to 2-4 1941, and that I last saw him alive on 2-4 1941.

Immediate cause of death	Duration
Aortic Regurgitation	16 yrs
Due to	
Due to	
Cerebral Arterio Sclerosis	15 yrs
Other Conditions Myocardial Degeneration (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Mueller
Address 1500 N Bolton Date signed 2-5-41

F 77224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. E 77224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 N Charles St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 N Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Anne Grace Irvin

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 5 1866

8. AGE: Years 74 | Months 11 | Days 30 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John Irvin
13. Birthplace Balto.

MOTHER
14. Maiden Name Emily Chamlin
15. Birthplace Balto.

16. (a) Informant Mrs J. J. Ashler (niece)
(b) Address 1128 N Charles St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore.

18. (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. E. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) FEB 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4th 1941, at 12:15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15th 1941, to Feb 4th 1941, and that I last saw h[illegible] alive on Feb 3rd 1941.

Immediate cause of death: Cerebral Thrombosis
Renal Insufficiency
Duration: 1 yr

Due to:

Due to:

Other Conditions: Ca
(Include pregnancy within 3 months of death)

Major findings: Ca
Of operations:

Of autopsy: Ca

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Blackford M. D.
Address 900 N Calvert St Date signed Feb 4/41

VS 3

77225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 N. East ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. East Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hollis Thompson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-09-2352

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 19-1910

8. AGE: Years 30 | Months 11 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Filling Station attendant

11. Industry or business

FATHER
12. Name Robert Lemuel Thompson
13. Birthplace Harford Co. — Md.

MOTHER
14. Maiden Name Bertie F. Coleman
15. Birthplace Baltimore, Md

16 (a) Informant Edna May Smith
(b) Address 1807 N. Collington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 7 41 (month) (day) (year)
(c) Cemetery or crematory Abingdon M.E. Cemetery
Location Abingdon, Md.

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) FEB 5 — 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4- 1941, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon and from the evidence obtained by said Autopsy, Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death

Asphyxiation — Duration

Due to Hanging.

Due to Mental Deficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2-4-1941
(c) Where did injury occur? 611 N. East ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope to steps in cellar

Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 2-4-41

VS 6

IMPORTANT: WRITE DISTINCTLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77226 63171 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77226 Registered No.

F

Correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 628 Sarah Ann Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8;27;1886

8. AGE: Years	Months	Days	If less than one day
54	5	5	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Thomas Richardson (d)

13. Birthplace Maryland

MOTHER

14. Maiden Name? Maria Richardson

15. Birthplace Virginia

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Westport

18 (a) Funeral director A Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) Date rec'd by registrar (b) Signature of registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2-1941, at 3:28 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29-1941, to 2-2-1941, and that I last saw h[illegible] alive on 2-2-1941.

Immediate cause of death	Duration
Cardiac failure	2 wks
Uremia	?
Due to Hypertensive C/D	?
Due to Coronary Thrombosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Coronary Thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Irving Lebstein M. D.

Address Balto City Hosp Date signed 2-4-41

77227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No. 77227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Robinson

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 12/28/1870

8. AGE: Years	Months	Days	If less than one day
70 ?	0	28 29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace ?

MOTHER
14. Maiden Name Annie ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 5 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 5 1941 (Date Received by Registrar) Huntington Williams, M.D. (Registrar) Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1941 at 6.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941 to 1-26 1941 and that I last saw her alive on 1-26 1941.

Immediate cause of death: Adenocarcinoma of breast — metastasis — Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gellhorn Jr. M.D.
Address Baltimore City Hosp Date signed 1-26-41

62242

Write age in years if less than one year. Physicians: please write the causes of death clearly and legibly.

F 77228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C

F 77228 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 N. Ellwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N. Ellwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - - years

3 (a) FULL NAME SOPHIA JEFFERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Geo. L. Jefferson
6 (c) If alive, give age 70? years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	15	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Meiers
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Herbert
15. Birthplace Harford Co. Md.

16 (a) Informant Howard F. Jefferson (Son)
(b) Address 708 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem. Location Baltimore Md. Sept Sander

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) FEB 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to Feb 2 1941 and that I last saw h[illegible] alive on Feb 2 1941

Immediate cause of death	Duration
Arteriosclerosis, Hypertension, Coronary Thrombosis	
Due to Rheumatic Endocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard J. Crossfield, M.D.
Address 5402 Belair Rd Date signed 2-4-41

F 77229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Heim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Heim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1874

8. AGE: Years	Months	Days	If less than one day
66	4		hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Charles Reed
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Jennie Medtart
(b) Address 1841 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6/41 (month) (day) (year)
(c) Cemetery or crematory London P/K Cem.
Location Frederick Rd.

18 (a) Funeral director John L. Miller
(b) Address 2334 Jefferson St.

FEB 5 - 1941 (Date rec'd by Registrar) Huntington Williams Mgr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1941, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1941, to Feb 3 1941, and that I last saw her alive on Feb 2 1941.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Butterman, M.D.
Address 2324 Reisterstown Rd. Date signed 2/4/41

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 77230 F 77230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Ashburton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Ashburton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Herman Robert Weigman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-3498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	widowed

6 (b) Name of ~~husband or~~ wife Edna Weigman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb-20-1872

8. AGE: Years	Months	Days	If less than one day
68	11	14	..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Grocery Clerk.
11. Industry or business Retail Grocery.

FATHER
12. Name Joseph Weigman
13. Birthplace Bavaria — Germany.

MOTHER
14. Maiden Name unknown
15. Birthplace Germany.

16 (a) Informant Marie Corcoran
(b) Address 1811 Ashburton Ave

17 (a) Burial (b) Date thereof 2-7-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Dickey or Long
(b) Address [illegible] Baltimore, Md.

19 (a) (Date rec'd by Registrar) (b) Registrar

FEB 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 — 1941, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to Feb 4- 1941, and that I last saw h~~im~~ alive on Feb 1- 1941.

Immediate cause of death Carcinoma of Rectum — Duration 3 years.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Roland, M. D.
Address 2532 Edmondson Ave Date signed 2-4-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77231

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. Emmanuan Apts. (If rural give location)

Entire Place 4 Years & more

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emile Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-2872

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Rae L. Clarke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1870

8. AGE: Years	Months	Days	If less than one day
71		3	hr. min.

9. Birthplace Marion, S. C. (Town, county, and state)

10. Usual Occupation Army Nurse.

11. Industry or business

FATHER 12. Name Henry Clarke

13. Birthplace Poem

MOTHER 14. Maiden Name Lina Hoffman

15. Birthplace U. S. A.

16 (a) Informant Mr. B. Clarke,

(b) Address Emmanuan Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/41. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Chas. Sonneborn & Son

(b) Address 901 Eastern Ave.

19 (a) FEB 5 - 1941 (Date rec'd by registrar) Arlington Williams, M.D. Registrar

8

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1941, at 6.46 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1, 1941. to Feb 4, 1941. and that I last saw him alive on Feb 4, 1941.

Immediate cause of death Coronary occlusion

Duration two years

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Richard H. Pembroke M.D.

Address Union Memorial Hosp. Date signed 2/4/41

77232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 77232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 E. Fort Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 E. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Heim

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1871

8. AGE: Years 69 | Months 2 | Days 28 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Charles Conner
13. Birthplace Balto.

MOTHER
14. Maiden Name Emily ?
15. Birthplace Balto.

16 (a) Informant Mrs. Flo. Cooke
(b) Address 102 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director J. F. McCully
(b) Address 130 E Fort Ave.

19 (a) (Delivered by registrant) (b) Registrar

FEB 5 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1941, at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1940 to Feb. 4 1941. and that I last saw h alive on Feb 4 1941.

Immediate cause of death Carcinoma ovr Cerebral Hemorrhage

Due to Arteriosclerosis Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
unknown
Oct 7, '40
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Kahn M. D.
Address 102 E. Fort Ave Date signed 2/4/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 63040.SH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 1B

F 77233

Registered No. F 77233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2202 Christian Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7837

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) May 4, 1901

8. AGE: Years	Months	Days	If less than one day
39	9	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Shipping Department

11. Industry or business National Enamel Co.

FATHER

12. Name Andrew

13. Birthplace Balto.

MOTHER

14. Maiden Name Gertrude Ray

15. Birthplace Baltimore

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick, Ave

18 (a) Funeral director J. F. McGeady

(b) Address 130 S Fort Ave.

19 (a) (Registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4- 1941, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25- 1941 to 2-4- 1941, and that I last saw h alive on 2-4- 1941.

Immediate cause of death Cerebral embolism

Duration 3 days

Due to Rheum. Ht. Dis 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Rheum Ht Dis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Hoffman

Address Balto City Hosp Date signed 2-4-41

F 77234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

F 77234
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 137 E Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helena S. Rocky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife William
6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	2	23		

9. Birthplace Poland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Yoarker
13. Birthplace Poland

MOTHER
14. Maiden Name Marie Budlowski
15. Birthplace Poland

16 (a) Informant Miss Anna Rocky
(b) Address 137 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd.

18 (a) Funeral director D. J. McCully
(b) Address 136 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1941, at 930 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 20 1941, to Feb. 3 1941 and that I last saw h[illegible] alive on Feb 3 1941.

Immediate cause of death Myocarditis
Due to Chronic Nephritis

Duration
Not known

Due to

Other Conditions Angina Pectoris - Not known

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Norris, M.D.
Address 10 East West St Date signed Feb 4 1941.

F 77235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 77235 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1210 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Royster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 - 1883

8. AGE: Years	Months	Days	If less than one day
57	7	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Royster
13. Birthplace Weldin - N.C.

MOTHER 14. Maiden Name Leatha Lyons
15. Birthplace Oxford - N.C.

16 (a) Informant
(b) Address University Hosp

17 (a) Burial (b) Date thereof 2-5-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Belnord Ave

19 (a) (b) Funeral Home, Williams, Md.
(Signature of registrar)

FEB 5 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1941, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1941, to Feb 2 1941, and that I last saw him alive on Feb. 1 1941.

Immediate cause of death	Duration
Coronary sclerosis	—
Due to Coronary sclerosis	—
Due to arteriosclerotic Cardiovascular disease.	—
Other Conditions Latent syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Bauer M. D.
University Hospital Date signed 2/2/41

77236

HEALTH DEPARTMENT—CITY OF BALTIMORE

77236

CERTIFICATE OF DEATH

9.37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 N. Milton Ave. St. 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosie Fruech

If U.S. Veteran specify WAR .....

(a) Residence: No. 636 N. Milton Ave Ward. 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Fruech

6. DATE OF BIRTH (month, day, year): July 2, 1860

7. AGE: Years: 80 yrs | Months: 7 months | Days: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Wittig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christine Fichtenbinder

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Ketchen

(Address) 636 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb. 6 1941

19. UNDERTAKER: Francis Cook Eyfer

(Address) 1600 West North Ave.

20. FILED FEB 5 - 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1941 to February 3 1941

That I last saw her alive on Feb. 3 1941 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset: 1 week

Arteriosclerotic Heart Disease — 10 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Israel Rosen M. D.

(Address) 2413 E. Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 77237

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 S. Lehigh Str
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 S. Lehigh Str (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Hessenauer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 5 - 1889

8. AGE: Years 51 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Geo. P. Schechlein
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elis. Baumschmidt
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Jennie Rohrer
(b) Address 640 S. Lehigh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John B. Connelly
(b) Address East Md. St.

FEB 5 - 1941 (Date received) (Huntington Williams, M.D. Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2nd 1941, at 10-40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1940. to 2-2 1941. and that I last saw her alive on 2-2 1941.

Immediate cause of death
Cerebral Hemorrhage — Duration 4 days

Due to Hypertension — Duration Unknown

Due to Generalized arteriosclerosis — Duration 4

Other Conditions Terminal Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. W. Jackson M. D.
Address 600 N. Charles St Date signed 2-5-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. E 37238

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Mosher St, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HERBERT MARSHALL

3 (b) If veteran, name war

3 (c) Social Security Account No. Will Call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55 60+			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business Apartment house

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Employer - Morton L Hooper
(b) Address 273 ~ Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/41 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 (a) FEB 5 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1941, at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular renal disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
(Medical Examiner)

Date signed 2-5-41

(OVER)

77239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

F 77239 Registered No.

Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1536 E Clement St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 E. Clement St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Schier

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-03-3069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary Schier
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1885

8. AGE: Years	Months	Days	If less than one day
56 55	1	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Furniture

MOTHER / FATHER
12. Name Robert Schier
13. Birthplace Germany
14. Maiden Name Mary Hannis
15. Birthplace Germany

16 (a) Informant Mrs. J. J. Rose
(b) Address 1536 E Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7th 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Baltimore

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E. Fort Ave.

19 FEB 5 - 1941 (Date rec'd by registrar) Clinton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1941; at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1941, to Feb 4 1941, and that I last saw deceased alive on Feb 1 1941.

Immediate cause of death: La Grippe
Bronchopneumonia
Sepsis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. H. Barranco M. D.
Address 436 E Fort Date signed Feb 5/41

VS 1

77240 ✓ F 77240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117 B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Fulmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. William J. Codd.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 105-03-1423

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age / yrs

7. Birth date of deceased (mo., day, yr.) 7/15/1900

8. AGE: Years	Months	Days	If less than one day
39-40	6	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Clerk in B. & O. office.

11. Industry or business

FATHER
12. Name John P. Codd
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Hartman
15. Birthplace Baltimore Md

16 (a) Informant Hospital Chart.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Forestdale Rd

18 (a) Funeral director Shoppie & Emmy
(b) Address 16 W. Hillsborough St. Huntington Williams, M.D.

19 (a) FEB 5 - 1941 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1941, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1941, to Feb 4 1941, and that I last saw h~~im~~ alive on Feb 4 1941.

Immediate cause of death Pneumonia — Duration 2 weeks.

Due to —

Due to —

Other Conditions Hemorrhage uter. ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature James P. Kerr
Address Bon Secours Hospital Date signed 2/4/41 M. D.

(over)

VS 3

7241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 284-41 7241

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Light
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Light St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda F Vogel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank Vogel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1850

8. AGE: Years 91 | Months | Days 45 | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Robert L Brosten
(b) Address 1603 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto County

18 (a) Funeral director C. Edward Evans
(b) Address Hooper & Orchard

FEB 5 — 1941 (Date rec'd by registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3, 1941 19 , at 2 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1/41 19 to 2/3/41 19 , and that I last saw him alive on 2/3/41 19 .

Immediate cause of death Lobar Pneumonia — Duration 2/3/41

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Kahn M.D.
Address 2 S E - Fort Ave Date signed 2/4/41

VS 3

77242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P ✓ E 77242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Barclay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A:.. Cramer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alvin H. Cramer.
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1864

8. AGE: Years 76 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Eatons, West Virginia.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business at home

FATHER 12. Name Thomas Gregory
13. Birthplace Ireland

MOTHER 14. Maiden Name Ann Campbell
15. Birthplace Ireland

16 (a) Informant Clarence Cramer
(b) Address 2103 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

19 (a) FEB 5 - 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 3 1941, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1941 to Feb 3 1941, and that I last saw h. as alive on Feb 3 1941

Immediate cause of death Arterio Sclerotic Ht. — Duration 2 yrs.
Due to arterio Sclerosis
Due to Arthritis
Other Conditions Contracted Chronic Nephritis acute exacerbation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark Hall
Address 2020 W. Clarey Ave Date signed Feb 5 1941

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 77243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Saint st Room #4 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ambrose Mc Gann

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70				

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation
11. Industry or business City Employee (?)

FATHER
12. Name Andrew
13. Birthplace ?

MOTHER
14. Maiden Name Catherine Connelly
15. Birthplace ?

16 (a) Informant Bur. Cath. Chaplain
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Gorsuch Hill Rd - Balto Co. Md

18 (a) Funeral director John J Doherty Sons
(b) Address 131 E Lafayette St.

FEB 5 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/3/41

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 W. Franklin st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 W. Franklin st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Priscilla Schaefer

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~. John F. Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10th 1877

8. AGE: Years 63 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER 12. Name Joseph Gill
13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden Name Susan Burnham
15. Birthplace Balto. Co. Md.

16 (a) Informant Stella G. Kendig
(b) Address Stevenson Md.

17 (a) Burial (b) Date thereof 2/7/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (c) Funeral director William Cook
(b) Address 1217 St. Paul st

FEB 6 — 1941 Hunter Jos Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4th 1941, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Feb 4 1941, and that I last saw her alive on Feb 4 1941.

Immediate cause of death: Bronchopneumania — Duration: about 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lavy M.D.
Address 1844 W. Lanvale Date signed 2/5/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Weaver Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3010 Weaver Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JANE WAITE GOUGH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Harry Gough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1879

8. AGE: Years	Months	Days	If less than one day
62	0	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Helm
13. Birthplace Baltimore

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore

16 (a) Informant Mr. Wm. Gough
(b) Address 3808 Pinewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6. 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Geo. J. Hauck

18 (a) Funeral director HENRY SANDER & SONS Inc.
(b) Address North Ave. & Broadway

19 Feb 8 1941 (Date received by registrar) Hattie Lee Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1941 at 8:20PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1941, to Feb. 3 1941, and that I last saw h[illegible] alive on Feb. 3 1941.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to	
Due to	
Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury none

23. Signature L. A. Gordy M.D.
Address 5106 Harford Rd. Date signed 2-4-41

VS 3

Copy of age is especially important. Physicians: please write the causes of death clearly and legibly.

77246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-F

F 77246 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Green

(c) Hospital or institution: university

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 415 S. Macon st (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Zorko. Zovko

3 (b) If veteran, name war NO

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife single

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 19-1924

8. AGE: Years	Months	Days	If less than one day
17	-	16	hr. ..... min.

9. Birthplace Bethlem Pa (Town, county, and state)

10. Usual Occupation student at

11. Industry or business School

FATHER

12. Name stephen Zorko

13. Birthplace austria

MOTHER

14. Maiden Name Theresa Benick

15. Birthplace austria

16 (a) Informant stephen Zorka

(b) Address 416 S. Macon st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-1941 (month) (day) (year)

(c) Cemetery or crematory Sand Hearst

Location Gerrys Mill Rd

18 (a) Funeral director Lally & Zuber

(b) Address 403 S. Wolfe st

19 (a) ..... (b) ..... (Date mailed by registrar) (Registration district number)

VS 2 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 5 1941, and that I last saw h[illegible] alive on Feb 5 1941.

Immediate cause of death: Broncho-pneumonia Septicemia

Due to .....

Due to .....

Other Conditions Ca Stomach (removed) positive metastasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Henry A Brill M. D.

Address University Hosp Date signed 2.5.41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63224-FD

77247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 77247 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2640 E. Beryl Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Michael Boeh

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-1862

8. AGE: Years	Months	Days	If less than one day
78	4	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation tailor
11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8-1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Road

18 (a) Funeral director Lilly & Zeiler, Inc.
(b) Address 403 S. Wolfe St.

19 (a) (Date rec'd by registrar) 2-8-1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941, at 9 50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1941 to 2-5 1941, and that I last saw him alive on 2-5 1941.

Immediate cause of death	Duration
Uremia	7 wks.
Due to Hypertensive C.V.D.	1
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Rackman M. D.
Address Balto. City Hosp. Date signed 2-6-41

F 77248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 77248

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hospital
(c) Hospital or institution Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4225 Fenwick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 yrs years

3 (a) FULL NAME Jacob Lehman

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 68 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Milkman Leather

11. Industry or business .....

FATHER
12. Name Zelek Rubin
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-41 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy. & Hamilton Ave

18 (a) Funeral director Jos. Lewis Inc
(b) Address 1439 E. Balto St

19 (a) ..... (b) .....
(Date rec'd by Registrar) Registrar

FEB 8 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1941, at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1941, to 2-6 1941, and that I last saw h 2 M alive on 2-5 1941.

Immediate cause of death .....

Cachexia

Due to Carcinoma of Stomach

Due to .....

Other Conditions Arteriosclerosis & V Dis

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration
7 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature [illegible] M.D.
Address [illegible] Date signed 2-8-41

Certificate of Death as especially important. Physicians: please write the causes of death clearly and legibly.

F 7249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 7249 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs. ~~mos. or days~~) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 E. Baltimore St (If rural give location) Lombard St
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) **FULL NAME** Samuel Blider

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Goldie Mayer
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 7-14-1880

8. AGE: Years	Months	Days	If less than one day
60	6	21	..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Jacob Blider
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Jacob Blider
(b) Address 2508 E. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/41 (month) (day) (year)
(c) Cemetery or crematory Sedrish agudat
Location Rosedale

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Baltimore St

19 (a) [illegible] (Informant or Registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1941, at 1:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1941 to 2/5 1941, and that I last saw him alive on 2/5 1941.

Immediate cause of death
pulmonary edema
circulatory failure
Due to uremia & hypertension
Due to syphilis?
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hosp. Date signed 2-6-41

F 77250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C F 77250

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Mc Elderry (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME ANNIE DIAMOND

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife EMANUEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1885

8. AGE: Years	Months	Days	If less than one day
55 56	9	14	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation DRY GOODS- BUS. FOR SELF
11. Industry or business

FATHER
12. Name ZELEK RUDETSKY
13. Birthplace POLAND

MOTHER
14. Maiden Name FREPA
15. Birthplace POLAND

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St

19 (a) FEB 6 1941 Winifred Williams R.N. (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1941, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to Feb. 4 1941, and that I last saw her alive on Feb. 4 1941.

Immediate cause of death: Intracranial hemorrhage — Duration 4 hrs.
Due to: Hypertension
Due to:
Other Conditions: Cardiac enlargement — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Klinefelter
Address Johns Hop. Hosp. Date signed 2/4/41

Age is especially important. Physicians: please write the causes of death clearly and legibly.

62926-M
F 77251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77251
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Woodwin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Meyers

3 (b) If veteran, name war	3 (c) Social Security Account No. 213-05-5760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-1876

8. AGE: Years	Months	Days	If less than one day
64	4	25	hr. min.

9. Birthplace California
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Curran
15. Birthplace Ireland

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7th 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo S. Cook
(b) Address 1701-03 De Pratt Park Ave Huntington Indiana

19 (a) FEB 6 - 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-1941, at 5-25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22-1941, to 2-4-1941, and that I last saw h alive on 2-4-1941.

Immediate cause of death
Bronchopneumonia
Staph Septicemia
Duration 7 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 2-5-41

VS 3

Physicians: please write the causes of death clearly and legibly. The

F 77252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 77252 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 W. Montgomery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. Montgomery (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Emma Adams Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	married

3 (b) Name of husband or wife William Sanders

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 10/6/1887

8. AGE: Years	Months	Days	If less than one day
53	2	26	hr. min.

9. Birthplace Columbia S. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pleasant Adams
13. Birthplace Ridgeway S. Carolina

MOTHER
14. Maiden Name Fannie Bright
15. Birthplace Ridgeway S. Carolina

16 (a) Informant Catherine Sanders Johnson
(b) Address 616 So. Poca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 6 - 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 1934 Montgomery St

19 (a) FEB 6 1941 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2.2.41 19 , at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1.25.41 19 , to 2.2.41 19 , and that I last saw h[illegible] alive on 2.1.41 19 .

Immediate cause of death: cerebral Hemorrhage — Duration 1 hr. 41

Due to arteriosclerosis —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Pair M. D.
Address 4 So N. Carrollton Date signed 2.3.41

VS 8

77253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 77253

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 N. Monroe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 N. Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Adele Jordan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife Edward Jordan
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1880

8. AGE: Years	Months	Days	If less than one day
60	1	20	hr. ..... min

9. Birthplace A. A. County, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dan Wilson
13. Birthplace A. A. County, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Daniel Brim
(b) Address 504 N. Bethel St.

17 (a) Burial (b) Date thereof Feb. 6, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-1941, at 8:23 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death

~~Duration~~

Syphilitic Aortitis — Aneurysm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Wm. B. Vandersloop M.D.
Medical Examiner.
Date signed 2-3-41

Dr. Howard J. Andersen

(over)

Correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

F 77254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1938 F 77254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 E Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Heinemeyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John G. Heinemeyer | 6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Nov - 2 - 1866

8. AGE: Years 74 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name August Hartman

13. Birthplace Hanover Germany

MOTHER 14. Maiden Name Ernestine Kalbfleisch

15. Birthplace Nuremberg Germany

16 (a) Informant John G. Heinemeyer

(b) Address 2403 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)

(c) Cemetery or crematory Baltimore Memorial Location Md Ave

18 (a) Funeral director John D. Miller Inc

(b) Address 2435 E Oliver St

FEB 6 - 1941 (Date rec'd by registrar) Hemington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1941 at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21st 1939 to Feb 4th 1941 and that I last saw her alive on Feb 4 1941

Immediate cause of death: Cerebral Hemorrhage — Duration: 11 days

Due to: ARTERIOSCLEROSIS — 6 years
CHRONIC MYOCARDITIS

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg MD M. D.

Address 1527 N. Patterson Pk Ave Date signed FEB 6 - 1941

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... CAPADING INK. Every item of information should be carefully supplied. The

Spec.—6-9-12—M. P. Co.—1000 Bks.

Virgie Alena Poole

F 77255 HEALTH DEPARTMENT—CITY OF BALTIMORE F 77255

CERTIFICATE OF DEATH. 294-a

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 4209 Springdale Ave 15th WARD)

2-FULL NAME Virgie E. Alena Poole

(a) RESIDENCE. NO. 4209 Springdale Ave ST., 15th WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Harry Poole

6 DATE OF BIRTH (month, day, and year): Dec. 7. 1873

7 AGE — Years: 67 — Months: 1 — Days: 28 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hickory Harford Co.

PARENTS

10 NAME OF FATHER: Stephen Harkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford County

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford County

14 Informant: Mrs G. Howard Buchwald (Address)

15 Filed FEB 6 - 1941, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb - 5 1941

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1941, to Feb. 5, 1941, that I last saw her alive on Feb. 5, 1941, and that death occurred, on the date stated above, at 3.45 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. Garrison Harkins M. D.

19 (Address) Montgomery Road Elkridge Md

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bakers - Aberdeen Md

DATE OF BURIAL: 2/7 1941

20 UNDERTAKER: Wm J. Tuckers & Sons

ADDRESS: N. Gay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 77256 F 77256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 42
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 942 Leadenhall Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Henry Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1394

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife Mary Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Essex County, Virginia
(Town, county, and state)

10. Usual Occupation Driver
11. Industry or business

FATHER
12. Name Robert Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Hockley
15. Birthplace Virginia

16 (a) Informant Bertie Thompson (cousin)
(b) Address 796 S. Stockton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto Md

18 (a) Funeral director Mrs Katie L. Williams
(b) Address 322 N. Schroeder St
(c) Huntington Williams, M.D. Registrar

FEB 6 - 1941 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1941, at 6 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wandenstiff M.D.
Medical Examiner.
Date signed 2/3/41

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 77257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

H 77257 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Chance (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 14 2380

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth Arthur
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	17	hr. min.

9. Birthplace Buffalo, New York (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business Seafaring

FATHER
12. Name Mike Wallace
13. Birthplace Detroit, Michigan

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Detroit, Michigan

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 2/8/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chance Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette

19 (a) FEB 6 1941 (b) Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1941, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1941, to Feb. 5, 1941, and that I last saw him alive on Feb. 5, 1941

Immediate cause of death	Duration
Coronary thrombosis	1 week
Due to Myocardial disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Williams

Address Wyman Park Drive US Marine Hospital, Baltimore, Md. Date signed 2/8/41 M.D.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The necessary supplied. The

391552
7258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 77258

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Halthorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hammonds Ferry Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine H Caines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. ERNEST HAINES

6 (b) Name of husband or wife Ernest Haines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21 1903

8. AGE: Years 23 | Months 4 | Days 14 13 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Glorioso

FATHER
12. Name Anthony Glorioso
13. Birthplace Md

MOTHER
14. Maiden Name Hilda Battaglia
15. Birthplace Md

16 (a) Informant Richard
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) FEB 6 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 - 1941. at 554 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941. to 2-5 1941. and that I last saw her alive on 2-5- 1941.

Immediate cause of death	Duration
respiratory failure	minutes
Due to pneumonia	2wks.
Due to Lt. emphysema	3a.
Other Conditions ? Broncho pleural fistula	

(Include pregnancy within 3 months of death)

Major findings:
Of operations emphysema, rt.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Kerr Clenfelter M.D.
Address Johns Hop. Hosp. Date signed 2/5/41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 77259
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Harlem ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 → 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Harlem ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Holly

3 (b) If veteran, name war

3 (c) Social Security Account No. non.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Mpaperhanger

11. Industry or business

FATHER
12. Name John Holy
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Alice Mann
15. Birthplace Balto Md.

16 (a) Informant Theresa Cole
(b) Address 727 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Adolphus Talstead
(b) Address 918 Lemmon Hill Ave

FEB 6 - 1941 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 4 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vander Wyck M.D.
Medical Examiner.
Date signed 2/6/41

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 7260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 7260

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2225 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 E Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM F. BARNES

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 216-03-2111

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Alma F. Trigell Barnes

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 7, 1878

8. AGE: Years 62 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Heathsville, Northumberland Virginia (Town, county, and state)

10. Usual Occupation Insurance Agent

11. Industry or business Home Beneficial

FATHER
12. Name William F. Barnes
13. Birthplace Virginia

MOTHER
14. Maiden Name Everette Pruner
15. Birthplace Virginia

16 (a) Informant Wife Alma Barnes
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.
(a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

19 Date rec'd by registrar FEB 8 1941 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1941, at 4 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration: sudden

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. F. Wallenmaier M.D. Attending Medical Examiner
Date signed 2-5-41

VS 6

The information should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 77261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1789

F 77261 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1235 Light St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 W. Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elizabeth O'Brien
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct 3 - 1882

8. AGE: Years	Months	Days	If less than one day
58	4	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Lubrication
11. Industry or business Garage

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Emma Hale
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Elizabeth O'Brien
(b) Address 628 W Hamburg St.

17 (a) Burial (b) Date thereof Feb 8 - 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Our Cathedral.
Location Old Frederick Rd.

18 (a) Funeral director Elizabeth Hale Inc.
(b) Address 1115 E. West St.

19 (a) (b) Hunter Williams, Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1941, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death
Illuminating Gas poisoning
Due to Acute alcoholism

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/5/41 24-3
(c) Where did injury occur? 1235 E Light St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? No
(Specify type of place)
(e) Means of injury Gas from vehicle standing in car with heater on.

23. Signature Wm E Gundelfinger M.D.
Medical Examiner.
Date signed 2/5/41

FEB 6 - 1941

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hosp., Baltimore, Md. 9-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Whitemarsh (If outside city or town limits, write RURAL and give town)
(d) Street No. Cowenton Station (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME William Surguy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1940

8. AGE: Years	Months	Days	If less than one day
	5	24	hr. min.

9. Birthplace Cowenton Station, Whitemarsh, Baltimore County, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Surguy
15. Birthplace Whitemarsh, Balto. County, Md.

16 (a) Informant Mother, Elizabeth Surguy
(b) Address Whitemarsh, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8, 1941 (month) (day) (year)
(c) Cemetery or crematory St Josephs Cemetery
Location Cuttingsville-Belair Rd.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 1401 Belair Rd

19 (a) FEB 6 1941 (b) Attending physician (Signature) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1941, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1941, to 2-6 1941, and that I last saw him alive on 2-6 1941.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Pertussis	3 wk
Due to	
Other Conditions Convulsions	12 hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hospital Date signed 2-6-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. 77263

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 S. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Frank Josephek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Barbara Josephek
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1870

8. AGE: Years	Months	Days	If less than one day
70	2	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Broom Maker
11. Industry or business

FATHER
12. Name Wenceslaus Josephecks
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Barbara Josephek
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore Md.

18 (a) Funeral director Frank Brack & Son
(b) Address 2640 E. Chestnut

19 FEB 6- 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 10.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to Feb 5 1941, and that I last saw him alive on Feb 4 1941.

Immediate cause of death	Duration
Generalized Arteriosclerosis; Chronic Nephritis	
Due to Terminal Bronchopneumonia	Jan 31 1941
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
642 S. East Ave
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Schmunk M.D.
Address 842 S. East Ave Date signed 2-6-41

VS 3

77264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 77264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Found in harbor front of Pier 2 Dutch St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UNIDENTIFIED

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
40 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location

FEB 6 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 6 - 1941 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1941, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Drowning, accidental

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 1941
(c) Where did injury occur? Harbor (City or town) . (County) 4-1 (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? ?
(Specify type of place)
(e) Means of injury drowning
23. Signature H. F. Wollenweber M.D.
Medical Examiner.
Date signed 1-31-41

VS 6

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77265 M&T—1500 Blks.

F 77265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 W. 40th St. (ST.) (3-7 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Peterson

(a) RESIDENCE NO. 907 W. 40th St. (ST.) ..... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Annie Peterson.

6 DATE OF BIRTH (month, day, and year) July 4, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired, Cementer.

(b) General nature of industry, business, or establishment in which employed (or employer)

~~Employed~~ No Social Security No.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John T. Peterson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah A. Croswell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie Peterson.
(Address) 907 W. 40th St.

15 FEB 8 - 1941 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/5 1941

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1940 to Feb 5 1941, that I last saw ~~him~~ alive on Feb 4 1941, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Henry Russell M. D.

19 (Address) 3902 Groveland Co

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar, Balto. Md.

DATE OF BURIAL Feb. 8 1941

20 UNDERTAKER Chenoweth & Donovan.

ADDRESS 3615-17 Chestnut Av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. USE INDELIBLE WRITING INK—THIS IS A PERMANENT RECORD.

F 77266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 77266 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3233 Fleet St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs years

3 (a) FULL NAME Walter Michalak

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-1986

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Edna

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1907

8. AGE: Years 33 | Months 2 | Days 14 | If less than one day 20 hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business —

FATHER 12. Name Stanislaus

13. Birthplace Poland

MOTHER 14. Maiden Name Veronica Wolczek

15. Birthplace Poland.

16 (a) Informant Edna Michalak (Brother)

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1941 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cemetery

Location Baltimore City

18 (a) Funeral director John M Weber

(b) Address 404 S. Chester Street

19 (a) FEB 6 1941 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Feb 5 1941, and that I last saw him alive on Feb 5 1941.

Immediate cause of death Obstructive Obstruction — Duration

Due to adhesions

Due to Edema Meckel's MECKEL'S DIVERTICULUM

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations See above

Of autopsy Not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury McCLUNG

23. Signature Monroe Clung M. D.
Address Mercy Hospital Date signed 2-5-41

VS 2

F 77267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ F 77267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 W. Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 W. Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Harris.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. C. Harris.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1880

8. AGE: Years	Months	Days	If less than one day
60	6	29	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Charles Heberle.
13. Birthplace Germany.

MOTHER
14. Maiden Name Anne Bell.
15. Birthplace Unknown.

16 (a) Informant John L. Heberle.
(b) Address 2010 W. Rogers Ave.

17 (a) Burial (b) Date thereof Feb 7/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Thenow & Sons
(b) Address 3615-17 Chestnut Ave

19 (a) FEB 6 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1941 at 11.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3/41 19 , to 2/3/41 19 , and that I last saw her alive on 2/2/41 19 .

Immediate cause of death	Duration
Lobar Pneumonia	
Due to Exposure	
Due to Chronic Alcoholism Arteriosclerotic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Willard Applefeld M. D.
Address 4037 Falls Road Date signed 2/5/41

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 77268 FANTOM X V F 77268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Alabama Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Fantom

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Laura L. Fantom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23, 1877

8. AGE: Years	Months	Days	If less than one day
64	-	18	hr. min.

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name John Fantom
13. Birthplace Maryland.

MOTHER
14. Maiden Name Ann McGee
15. Birthplace Pennsylvania.

16 (a) Informant Wife
(b) Address 421 Alabama Ave. Town.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Ehrenfeld & Sons
(b) Address 3615 Chestnut Ave.

19 (a) FEB 6 1941 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1941, at 10:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 4 1941 to Feb 5 1941, and that I last saw him alive on Feb. 5 1941.

Immediate cause of death Coronary Thrombosis

Due to Hypertension C.V.D. — Duration 12. 7

Due to

Other Conditions Pulmonary Edema. — 1d.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Duffy M. D.
Address Mercy Hospital Date signed

VS 2

77269 12695 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c F 77269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Elm Street, Curtis Bay (If rural give location)
(e) If foreign born, how long in U. S. A.? 9 yrs. years

3 (a) FULL NAME Charles Pazdera

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
57 ~~57~~ yrs. ?			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/41 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Blvd.

18 (a) Funeral director Chas. Solomonsen
(b) Address 2601-03 E. Madison St.

19 (a) 19 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20-1920 to 2-4-1941, and that I last saw him alive on 2-4-1941.

Immediate cause of death Heart Failure — Duration 7
Due to C.V.S. Hrt. Dis — ?
Due to C.N.S. Lues — ?
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Williams M.D.
Address Balto City Hosp Date signed 2-4-41

Correct spelling is necessary. Physicians: please write the causes of death clearly and legibly.

77270 ✓ F 77270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ?
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 N. Collington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rose Fridd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
50			..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Bernard
(b) Address St. Thomas Ave & Wayneport Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Rd.
18 (a) Funeral director Chas. J. Schimmel
(b) Address 2601-03 E. Madison, St.
19 (a) ? (b) ? (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 5 1941, and that I last saw h[illegible] alive on Feb 5 1941.

Immediate cause of death ..... Duration
Uremia is Cause — 1 d.
Due to Nephritis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature William C. Duffy M. D.
Address Mercy Hospital Date signed .....

VS 3

Please correct ages especially important. Physicians: please write the causes of death clearly and legibly.

F 7271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 7271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John D. Gentleman

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: M.

5. Color or race: W

6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1940

8. AGE: Years | Months: 8 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Glenburnie, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business: —

FATHER
12. Name: William H —
13. Birthplace: Balto

MOTHER
14. Maiden Name: Victoria Sterling
15. Birthplace: Indiana

16 (a) Informant: Father
(b) Address: Glenburnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8, 1941 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Brooklyn. Md

18 (a) Funeral director: S. Walter Mary.
(b) Address: 619 N. Bouldin St.

19 (a) FEB 6 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5 1941, at 7.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ✓ death on the day stated above.

Immediate cause of death: Lobular pneumonia — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature: W. Wade Griffith M.D. Medical Examiner.

Date signed 2/6/41

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

F 77272

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3213 Barclay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Barclay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy E. Childs

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1900

8. AGE: Years	Months	Days	If less than one day
40	5	28	hr. min.

9. Birthplace Carolina County Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Childs
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Hopkins
15. Birthplace Va.

16 (a) Informant George Childs
(b) Address 3213 Barclay St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory
Location Fredricksburg Virginia

18 (a) Funeral director Mrs. B. A. Gleaton Daughter
(b) Address 1129 N. Caroline Street

19 (a) Date received by local registrar FEB 7 1941 (b) Registrar Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Febr 5 1941, at 1:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 15 1941 to Feb 5 1941, and that I last saw h[illegible] alive on Feb 5 1941.

Immediate cause of death
Lobar Pneumonia
Complete Consolidation
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy

Duration
9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Johnson M. D.
Address 3329 Fenwick Ave Date signed Feb 6, 41

77273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77273

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3007 Oakenet Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B. Wooden, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Florence A. Wooden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1 - 875

8. AGE: Years	Months	Days	If less than one day
65	9	25	hr. min.

9. Birthplace Dulce Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business unemployed

FATHER
12. Name Enos W. Wooden
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Russell
15. Birthplace Md

16 (a) Informant William B. Wooden, Jr.
(b) Address 3007 Oakenet Ave

17 (a) Burial (b) Date thereof 2-8-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director Leonard J. Rucker
(b) Address 5305 Harford Rd

19 (a) (b)
Filed by Registrar FEB 7 - 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1941, to 2/5 1941, and that I last saw him alive on 2/5 1941.

Immediate cause of death — Duration

Bronchopneumonia — 3 weeks

Due to Generalized arteriosclerosis. ?

Due to

Other Conditions Parkinson's disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold A. Gott M. D.
Address W. B. J. H. Date signed 2/5/41

77274 Horr F 77274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Hoffman Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Catherine Horr - (Harr)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife August A. Horr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1856

8. AGE: Years	Months	Days	If less than one day
84	4	17	hr. min.

9. Birthplace Baltimore (Town, County, and State)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Conrad Nagel
13. Birthplace Germany

MOTHER 14. Maiden Name Anna Fetberger
15. Birthplace Germany

16 (a) Informant Mrs Thomas Whiten
(b) Address 4807 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/1941 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2002 Arlington Ave

19 (a) [illegible] FEB 7 1941 Huntington Williams, M.E.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 4 p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1940 to Feb 5 1941, and that I last saw h er alive on Feb 4 1941.

Immediate cause of death	Duration
chronic myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Patterson M. D.
Address 2324 Presstman Rd Date signed 2/6/41

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Cause given should be the disease or condition directly causing death, or in absence thereof, the condition which initiated the morbid process resulting in death. Do not use abbreviations or symptoms which are mere terminal events, such as heart failure, asphyxia, anemia, uremia, etc. Indicate the etiologic sequence of morbid conditions, if any, leading to the cause stated. Secondary or contributory causes should be reported in Item 21.

F 77275

F 77275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 23 years

3 (a) FULL NAME Andrew La Scala

3 (b) If veteran, name war

3 (c) Social Security Account No. 116-09-9786

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Grace Lascala

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) May 6, 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	9	1		

9. Birthplace Sicily, Italy (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Domenick Lascala

13. Birthplace Italy

MOTHER 14. Maiden Name Josephine Belsa

15. Birthplace Italy

16 (a) Informant Grace Lascala

(b) Address 1016 N. Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)

(c) Cemetery or crematory St Raymonds

Location Bronx, New York

18 (a) Funeral director Wm. L. Schnaal

(b) Address 210 Frederick Ave. Baltimore, Md.

FEB 7 1941 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941, at 1:36 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 2-7 1941, and that I last saw him alive on 2-7- 1941.

Immediate cause of death: Lobar pneumonia — Duration: 13 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Supik, M.D.

Address St. Joseph's Hosp. Date signed 2/7/41

(over)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

14-a

F 77276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 N. [illegible]
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5203 Seagram Oak Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Stewart Woodrow

3 (b) If veteran, name war: 3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: none
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 23 1881

8. AGE: Years	Months	Days	If less than one day
59	1	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk Custom House
11. Industry or business U. S. Government

FATHER
12. Name George W. Woodrow
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rosanda Bailey
15. Birthplace Somerset County, Md.

16 (a) Informant Mrs. C. P. Johnson Sister
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George F. Lehnert
(b) Address 2101 Eastern Ave.

19 (a) FEB 7 - 1941 (Date rec'd by registrar) (b) [illegible] Interment for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 6 1941 at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1941 to 2-6 1941, and that I last saw him alive on 2-6 1941.

Immediate cause of death Heart Failure — Duration 10 min

Due to Coronary occlusion ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hospital Date signed 2-6-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 ROLAND AVE
(c) Hospital or institution: MELROSE NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MO
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? L years

3 (a) FULL NAME CELIA A. HEAVEY

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	W.	SINGLE

6 (b) Name of husband or wife X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEBY 6 - 1857

8. AGE: Years	Months	Days	If less than one day
83	11	29	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER 12. Name ANDREW HEAVEY
13. Birthplace IRELAND

MOTHER 14. Maiden Name CATHERINE FAHEY
15. Birthplace IRELAND

16 (a) Informant R M GALLAGHER
(b) Address 13 W 25th St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEBY 8-41 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location BALTIMORE

18 (a) Funeral director Sumwalt & Covington
(b) Address 21 W 25th St

Registered by Hattie Williams, MR (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5/41 19 ... at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Feb 5 1941, and that I last saw him alive on Feb 5 1941.

Immediate cause of death	Duration
Cerebro Renal Vascular Disease	15 yr.
Due to Senile Dementia	10 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Wheaton M. D.
Address 4709 York Rd Date signed 2/7/41

VS 3

77278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Ashburton St. 16-b Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ___ mos. 10 How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Robert Craig Shearer

If U. S. Veteran specify WAR _____

(a) Residence: No. 1015 Ashburton St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma A. Shearer

6. DATE OF BIRTH (month, day, year): Aug. 18, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: Frederick Shearer

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Mary Craig

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Walter Shearer
(Address) 1015 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL.
Place: Cathedral Date: Feb 8, 1941

19. UNDERTAKER: Roland E. Perkins
(Address) 62 N. Monroe St

20. FILED FEB 7 1941 Huntington Robinson.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1940 to Feb 4 1941

I last saw him alive on Feb 4, 1941. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma Bladder	over
Other contributory causes of importance: Mitral regurgitation	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) John A. Rutland M. D.
(Address) 1219 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 77279 ✓ F 77279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 257 E Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 19y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 E Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Wesley Frazier

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Flossie E

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 24 1877

8. AGE: Years	Months	Days	If less than one day
63	2	1211	..... hr. ..... min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation Ship Carpenter

11. Industry or business

FATHER
12. Name George Frazier
13. Birthplace Md

MOTHER
14. Maiden Name Malinda Ruark
15. Birthplace Md

16 (a) Informant Mrs Flossie E Frazier
(b) Address 257 E Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Green Lawn Cemetery
Location Cambridge Md

18 (a) Funeral director William M Pasch Huntington Williams, M.D.
(b) Address 715 Light St

19 (a) ..... (Signature of registrar)
(b) Date received FEB 7 — 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941, to Feb 5 1941, and that I last saw him alive on Feb 5 1941.

Immediate cause of death	Duration
Coronary thrombosis	2 days
Due to Arteriosclerosis	6 yr
Due to	
Other Conditions Myocardial degeneration	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
Means of injury .....

23. Signature Isaac Mullen M. D.
Address 1125 Allendale St Date signed 2/7/41

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information asked for must be carefully supplied.

Spec.—8-16-23—L. F. S.—100 Blks.

F 77280 ✓ F 77280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Division St. 14-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Estelle Davis

(a) RESIDENCE NO. 2023 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single —

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jessup N. J.

PARENTS

10 NAME OF FATHER Samuel Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Lucy Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mathews Co Va.

14 Informant Marie Cosey Grant

(Address) 807 Buttonwood St Philadelphia

15 FEB 7 1941 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 4. 41

17 I HEREBY CERTIFY, That I attended deceased from December 18. 1940. to February 4. 1941.

that I last saw h er alive on February 3. 1941

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Hepatic Carcinoma - or Nephritis Interstitial Chronic

6 yrs.

(duration) yrs 6 mos. ds.

CONTRIBUTORY (Secondary) Excessive Fat - Arterio Sclerosis (duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physically

(Signed) Wm. H. Wright M. D.

Feb 5. 1941 (Address) 1709 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cem Burial — DATE OF BURIAL 2-8 1941

20 UNDERTAKER William A Jackson — ADDRESS 916 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 77281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 77281 Registered No.

Physicians: please write the causes of death clearly and legibly. Please answer all questions carefully and correctly. Space is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Vincent Nowakowski

3 (b) If veteran, name war: none.

3 (c) Social Security Account No. 217-01-0620

4. Sex: M | 5. Color or race: W | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 20-1892

8. AGE: Years 48 49 | Months 21 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Lacy Brass Foundry

FATHER
12. Name Anthony Nowakowski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mary Nowakowski
(b) Address 617 S Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave.

FEB 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1941, at 11 H M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Feb 6 1941, and that I last saw h[illegible] alive on Feb 6 1941.

Immediate cause of death: Generalized Carcinomatosis — Duration

Due to: Carcinoma of Stomach

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Generalized Carcinomatosis
Of autopsy: Generalized Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert A. Berlock M. D.
Address Sinai Hospital Date signed 2/6/41

77282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 176 E 77282 Registered No.

The VH

The following items must be answered in full. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 S Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter C. Carroll

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 705-03-9572

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Agnes G. Carroll
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1884

8. AGE: Years 56 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Machinist
11. Industry or business: B. & O. R.R.

FATHER
12. Name: Walter Carroll
13. Birthplace: Md.

MOTHER
14. Maiden Name: Elizabeth Barkley
15. Birthplace: Md.

16 (a) Informant: Mrs. Agnes G. Carroll
(b) Address: 607 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Baltimore

18 (a) Funeral director: Frederick A. Ulle
(b) Address: 700 W Lombard St

19 (a) Date rec'd by Reg'r: FEB 7 - 1941 (b) Registrar: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 19 41, at 9:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple compound and comminuted fractures — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accidental
(b) Date of occurrence 2/4/41 21-2 m.
(c) Where did injury occur? Mt. Clare B. & O. R.R. Yards (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury: Struck by car while working pros.

23. Signature: H. B. Vandegrift M.D. Medical Examiner.
Date signed 2/6/41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7283 — 183 — Registered No. 7283

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: found in harbor near Caroline and Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County Manhattan
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 E 35 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES STREED

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife ?
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? 1886

8. AGE: Years	Months	Days	If less than one day
55			..... hr. ..... min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Maritime Union.
(b) Address 1700 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden.
Location Balto Md.

18 (a) Funeral director Loring Byers.
(b) Address 5205 Pk Heights Ave

19 (a) FEB 7 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1941, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration .....
Due to .....
Due to .....
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January ? 1941
(c) Where did injury occur? harbor ? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury drowning

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 2-2-41

The undersigned hereby requests that every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 77284 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1715 N. FULTON AVE

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1715 N. FULTON AVE (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward J. BURNS

3 (b) If veteran, name war WORLD WAR

3 (c) Social Security Account No. NONE

4. Sex MALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARGARET M. BURNS

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) MARCH 30-1892

8. AGE: Years 48 | Months 10 | Days 07 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation DESK LIEUT

11. Industry or business POLICE DEPT

FATHER

12. Name JAMES J. BURNS

13. Birthplace BALTIMORE MD

MOTHER

14. Maiden Name JENNIE COLGAN

15. Birthplace IRELAND

16 (a) Informant MARGARET M. BURNS

(b) Address 1715 N. FULTON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-8-41 (month) (day) (year)

(c) Cemetery or crematory NEW CATHEDRAL

Location BALTIMORE MD

18 (a) Funeral director Robt C. & B. M. Walters

(b) Address Greatr Strucker St

19 (a) FEB 7 - 1941 (Date rec'd by registrar) (b) Interred for Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 6th 1941, at 7:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4th 1940, to Feb 6th 1941, and that I last saw h[illegible] alive on Feb 6th 1941.

Immediate cause of death	Duration
Arteriosclerosis	2 yrs
Due to Hypertension and	2 yrs 6 months
Mitral Insufficiency.	
Due to	
Other Conditions Coronary Sclerosis	3 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William [illegible] M. D.

Address 1701 N. Fulton Ave Date signed 2/8/41

VE 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

77285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 77285

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N Caroline St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Humphrey (Pumphrey)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1865

8. AGE: Years	Months	Days	If less than one day
75	2	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jacobs
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) FEB 7 - 1941 (Date received by registrar) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1-1941 at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30-1937 to 2-1-1941, and that I last saw h[illegible] alive on 2-1-1941.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Hypertensive CVD	?
Gen. A-S.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Silverstein M. D.
Address Balto City Hosp. Date signed 2-6-41

F 77286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Carter Birth F 1995

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife
11-23-40 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-40 ?

8. AGE: Years	Months	Days	If less than one day
[illegible]	2	9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Thomas Carter.
13. Birthplace N.J.
MOTHER 14. Maiden Name Lillian Bradley
15. Birthplace [illegible] Mo.
16 (a) Informant Mother
(b) Address 1308 Argyle Ave
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 7 1941
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) FEB 7 1941 (Date rec'd by registrar) (b) Per H. A. Mueller Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3-41 19 , at 7:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 2-3-41 19 , to 2-3-41 19 , and that I last saw her alive on 2-3-41 19 .

Immediate cause of death: Cardio-respiratory failure — Duration
Due to Pneumonia, bilateral.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopneumonia, bilateral

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. J. Stander M. D.
Address Univ. Hosp. Date signed 2-6-41

VS 8

6250

...is especially important. Physicians: please write the causes of death clearly and legibly.

5347-77287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 7728?

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mo. 10da's
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Dalto.
(If outside city or town limits, write RURAL and give town)
Street No. 646 N. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1904

8. AGE: Years	Months	Days	If less than one day
? 37			hr. min.

9. Birthplace Unk. (Town, county, and state)
10. Usual Occupation Unk.
11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk.

MOTHER
14. Maiden Name Unk.
15. Birthplace Unk.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location [redacted] FEB 7 1941
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) FEB 7 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3- 1941, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23- 1940 to 2-3- 1941, and that I last saw h[redacted] alive on 2-3- 1941.

Immediate cause of death	Duration
Cardiac Failure	?
Due to Syph. Int. Dis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy [redacted] not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Dalto City Hosp. Date signed 2-4-41

(Please answer all questions. Physicians: please write the causes of death clearly and legibly. The space is especially important. If necessary, continue on reverse side.)

F 77288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 77288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1539 Clifton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 Clifton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FLORENCE V. MAITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Madison A. Maith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1885

8. AGE: Years	Months	Days	If less than one day
55	3	21	hr. min.

9. Birthplace Heathsville, Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Dawson
13. Birthplace Virginia

MOTHER
14. Maiden Name Etta Coles
15. Birthplace Virginia

16 (a) Informant Mr. Madison Maith
(b) Address 1539 Clifton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2[illegible]0/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

FEB 7 1941 (Date rec'd by Registrar) (b) [illegible] Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 6:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5, 1941, to Feb 7, 1941, and that I last saw her alive on Feb 6, 1941.

Immediate cause of death — Duration

Cerebral hemorrhage — 2 days
Due to
Hypertensive Cardiovascular Disease — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jarrell P. Mercenier M. D.
Address 1910 W North Ave Date signed Feb 7, 1941

Physicians: please write the causes of death clearly and legibly.

F 77289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 77289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 109 S. Arlington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Sagle (MINNIE ESTELLE SAGLE)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lawrence Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1865

8. AGE: Years	Months	Days	If less than one day
75	11	21	hr. min.

9. Birthplace Harpers Ferry, W. Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Cox
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Baldwin
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Harpers Ferry
Location West Virginia

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

FEB 7 1941 Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6, 1941, at 9:29 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5, 1941, to Feb. 6, 1941, and that I last saw her alive on Feb. 6, 1941.

Immediate cause of death	Duration
Cardiac Insufficiency	
Due to Hypertensive cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hypertrophied heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 2/6/41

Fill in all items. If unknown, state so. Please write the causes of death clearly and legibly.

F 77290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P

F 77290

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Rosalie Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN B. BROWER, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Isabelle W. Brower
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1867

8. AGE: Years	Months	Days	If less than one day
74	0	29	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Retired Manager
11. Industry or business Tea & Coffee Business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Albert P. Brower
(b) Address 2803 Rosalie Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 FEB 7 1941 (Date rec'd by Registrar) Lexington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-41 19 , at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3- 1941, to 2-5 1941, and that I last saw h.i.m. alive on 2-5 1941.

Immediate cause of death — Duration

Uremia Retention

Due to Complete Carcinoma ? Prostate

Due to Ureteral Colic fistula

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 2-6-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 131-a

F 77291 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Whitehall (If outside city or town limits, write RURAL and give town)
Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. WILLIAM SIMPSON BEAL

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs Wm S. Beal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1887

8. AGE: Years	Months	Days	If less than one day
53 54	11	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Wm Beall
13. Birthplace

MOTHER
14. Maiden Name Hannah Simpson
15. Birthplace

16 (a) Informant Mrs Wm Beall
(b) Address Whitehall Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 - 41 (month) (day) (year)
(c) Cemetery or crematory St James
Location Monkton Md

18 (a) Funeral director Perkins Bro.
(b) Address Jarrettsville

(a) (Local registrar) (b) Huntington Williams, M.D. Registrar

FEB 7 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941, at 11:23 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 2-7 1941, and that I last saw him alive on 2-7 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Uremia	1½ wks
Due to Chronic glomerulonephritis	3-4 years
Other Conditions Hypertensive cardio vascular disease	3-4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Herbert Jr. M. D.
Address Union Memorial Hosp. Date signed 2-7-41

77292

BALTIMORE CITY HEALTH DEPARTMENT 33-B Registered No. E 77292

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 89 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Hampnett Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann Rodgers Kirk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ----- 1852

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Kirk
13. Birthplace ---- Maryland

MOTHER
14. Maiden Name Sarah Suter
15. Birthplace ---- Maryland

16 (a) Informant S. R. Mears
(b) Address 805 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street

19 (a) FEB 7 1941 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1941, to Feb 5 1941, and that I last saw her alive on Feb 5 1941.

Immediate cause of death: Influenza — Duration Week

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Mears M. D.
Address 205 Cokes Date signed Feb 7

VS 3

77293 F 77293

OF 63098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 E. Randall Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME
Ernest Kilgour

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	219-05-4731

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-23-1885

8. AGE: Years	Months	Days	If less than one day
55	6	14	..... hr. ..... min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation nickel polisher
11. Industry or business D R Holmes

FATHER
12. Name John Kilgour
13. Birthplace Virginia

MOTHER
14. Maiden Name Lettie Gager
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Feb 9, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Schmultz
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 E. Baltimore St.

19 (a) FEB 7- 1941 (b) Huntington Woodlawn, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941, at 3 00/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 2-7 1941, and that I last saw him alive on 2-6 1941.

Immediate cause of death	Duration
Cerebral accident ? over	2 days
Myocardial failure	5 mins
Due to Hypertensive C.V.D.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Howard K. Rackham M. D.
Address Balto. City Hosp. Date signed 2-7-41

VS 3

F 77291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 77291

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County ?
(c) City or town Bay Shore - L.I. New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 and 9 - Main St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 — years

3 (a) FULL NAME Won Shang (WON SHANG)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race Yellow

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about-1875

8. AGE: Years: About 66 | Months: - | Days: - | If less than one day: — hr. — min.

9. Birthplace China
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Restaurant

FATHER
12. Name could not ascertain
13. Birthplace China

MOTHER
14. Maiden Name could not ascertain
15. Birthplace China

16 (a) Informant L. Sew Sang (Friend)
(b) Address 320 Park Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-41 (month) (day) (year)
(c) Cemetery or crematory New York City
Location New York City

18 (a) Funeral director STEWART & HOWEN COMPANY
(b) Address [illegible] North Avenue

19 FEB 7 1941 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1941, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3/1941 to 2/7/1941, and that I last saw h[illegible]M. alive on 2/7/1941.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertensive cardiovascular disease	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D. M. D.

Address Franklin Square Hosp. Date signed 2/7/41

VS 3

77295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. 77295

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 E Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~A GRONTH~~ IGNANTS ANDRONCHIK

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Andonoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not known
13. Birthplace Russian

MOTHER
14. Maiden Name Not known
15. Birthplace Russian

16 (a) Informant Mrs Anna Munglik
(b) Address 720 S. Register St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundle County

18 (a) Funeral director John G. Grebiancke Jr.
(b) Address 423 S. Paca St

19 (a) (b) Huntington Williams, M.D. Registrar

FEB 7 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1941 at 7 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Wollenmaier M.D. Medical Examiner.
Date signed 2-7-41

77296

BALTIMORE CITY HEALTH DEPARTMENT 46-N F 77296

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 W. Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 W. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Walsh

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	26	✓ hr. ✓ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Patrick Walsh

13. Birthplace Ireland

MOTHER 14. Maiden Name Annie Kelly

15. Birthplace Ireland

16 (a) Informant John C. Walsh

(b) Address 1816 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)

(c) Cemetery or crematory St Peters Cem

Location Baltimore City

18 (a) Funeral director J. B. Shipley & Son

(b) Address 1300 Eutaw St

19 (Date rec'd by Registrar) FEB 7 1941 Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1941, at 2:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 5 1941, and that I last saw him alive on Feb 4 1941.

Immediate cause of death Carcinoma of oesophagus — Duration ? 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Rodriguez M. D.

Address 206 S. Gilmor St Date signed 2/6/41

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

77297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a F 77297
Registered No.

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution:
University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1065 S. LeRoy St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Melvin E. Murphy

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie Mu.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 1901

8. AGE: Years	Months	Days	If less than one day
39	6	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Manager - Race Track
11. Industry or business League

FATHER
12. Name Michael Murphy
13. Birthplace Baltimore City.

MOTHER
14. Maiden Name Jennie A. Pfeiffer
15. Birthplace Baltimore Maryland

16 (a) Informant Marie M. Murphy
(b) Address 459 S. Bennett St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
18 (a) Funeral director F. D. Kupperts Inc
(b) Address 1300 Eutaw Place
19 FEB 7 - 1941 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-41 19 , at 11 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1-41 19 , to 2-5-41 19 , and that I last saw him alive on 2-5 1941.

	Duration
Immediate cause of death Subacute bacterial endocarditis.	4 mos
Due to Prostatic abscess	6 mos.
Due to	
Other Conditions Bilateral hypostatic pneumonia & pyelonephritis (Include pregnancy within 3 months of death)	4 mos

Major findings:
Of operations
Of autopsy above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James H. Laughlin M. D.
Address University Hosp. Date signed 2-6-41

VS 3

ZAISER

77298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a F 77298

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Pulaski St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Zaiser

If U. S. Veteran specify WAR ... Social Security No. 215-07-6611

(a) Residence: No. 213 S. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Elizabeth Zaiser

6. DATE OF BIRTH (month, day, year) May 16-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	8	20	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) ... | Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Zaiser

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Busch

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Lena Zaiser
(Address) 213 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Burial Park Date 2/8/41 19

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave

20. FILED FEB 7- 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1941

22. I HEREBY CERTIFY, That I attended deceased from FEB 13, 1941 to FEB 5, 1941

I last saw him alive on FEB 5, 1941 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	1937
CHRONIC NEPHRITIS	1939

Other contributory causes of importance:

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Edward J. Nolan M. D.

(Address) 68 E. Washington Blvd

VS 2

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. 77293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 Ellamont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Ellamont St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Augusta J. A. Schindler

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife William J.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 1860

8. AGE: Years 80 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name [illegible] Walgin
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Muhn
15. Birthplace Germany

16 (a) Informant Rose Schindler
(b) Address 2217 Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul Street

19 (a) Filed FEB 8 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 7.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 7 1941, and that I last saw h[illegible] alive on Feb 6 1941.

Immediate cause of death: Cardiac Decompensation — Duration 3 days
Due to: Hypertensive cardiovascular disease — 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen F. Skillman
Address 6 East Biddle St Date signed 2/9/41 M. D.

Skillman

F 77300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A

Registered No. F 77300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Cecil Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Cecil Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-56

3 (a) FULL NAME Bradley S. Coppage

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-08-0992

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25th 1886

8. AGE: Years: 54 | Months: 1 | Days: 4 | If less than one day: hr. min.

9. Birthplace St. Marys Co. Md
(Town, county, and state)

10. Usual Occupation Operator

11. Industry or business Saw Mill

FATHER
12. Name James E. Coppage
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Bacon
15. Birthplace Balto. Md.

16 (a) Informant Mary Coppage
(b) Address 2222 Cecil Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/10/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 FEB 8 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th 1941, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 8 1940 to FEB. 1941. and that I last saw him alive on FEB. 7th 1941.

Immediate cause of death: CONGESTIVE HEART FAILURE — Duration: 24 HRS.

Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration: 4 YRS.

Due to:

Other Conditions: CHRONIC NEPHRITIS — Duration: 3 YRS.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stuart D. Sunday
Address 20 East Preston St Date signed 2/7/41

77301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

Registered No. 77301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 N. Patterson Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank P. Makowski

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 215-01-5199

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Makowski

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept 21st 1894

8. AGE: Years	Months	Days	If less than one day
46	4	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Furniture Finisher

11. Industry or business Balto. Shipping Co

FATHER
12. Name John Makowski
13. Birthplace Germany

MOTHER
14. Maiden Name Joanna (Unknown)
15. Birthplace Germany

16 (a) Informant Albert Makowski
(b) Address 135 N. Patterson Park Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Stanislaus
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

FEB 8 1941 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6- 1941, at 2.05 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ Autopsy thereon and from the evidence obtained by said ~~inquest~~ Autopsy find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Fracture of base of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-6-1941
(c) Where did injury occur? 115 S. Eutaw St Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Demolished Elevator fell from 5th floor

23. Signature Edward J. Mold Jr. M.D.
Medical Examiner.
Date signed 2-6-41

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use of information should be carefully supplied.

77302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. E 77302

The information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the cause of death which is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 N. Bond st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. Bond st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Haughey

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible] F

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16th 1860

8. AGE: Years	Months	Days	If less than one day
80	1	20	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Hugh McCoy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace

16 (a) Informant Leslie Prout
(b) Address 2 E. Lexington St.

17 (a) Burial (b) Date thereof 2/8/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 129 St. Paul st

19 FEB 8 1941 (b) Huntington Williamson, M.D.
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6th 1941, at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1941 to 2/6 1941.
and that I last saw h[illegible] alive on 2/5 1941.

Immediate cause of death	Duration
Cancer of Intestines	1 yr
Due to	
Due to	
Other Conditions old age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Md While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. F. Heard M.D.
Address 7901 Harrison Blvd
Date signed 2/10/41

77303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 77303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
Home for the Aged of the M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Chadburn

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28th 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	6	8		

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name William Chadburn
13. Birthplace England

MOTHER
14. Maiden Name Mary E. Dwyer
15. Birthplace Balto Md.

16 (a) Informant Record Home for Aged M.E. Church
(b) Address 2211 Rogers Ave

17 (a) Burial (b) Date thereof
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul

19 (a) FEB 8 — 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6th 1941, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Feb 6 1941, and that I last saw her alive on Feb 6 1941.

Immediate cause of death	Duration
Chr. Myocarditis	
Due to	
Due to	
Other Conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh F. Slamon MD
Address 750 N Fulton Ave Date signed 2/3/41 M. D.

VS 8

Answer questions fully and correctly. Physicians: please write the causes of death clearly and legibly.

77304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 G ✓ E 77304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Beryl Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EVA M. PALTELL S.S. 217-05-8753 ✓

3 (b) If veteran, name war — NO

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Sidney Paltell

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec 14th 1913

8. AGE: Years 27 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Wilmington N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Stephen F. Page

13. Birthplace N. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Sidney Paltell

(b) Address 2602 Beryl Ave.

17 (a) Removal (b) Date thereof 2/5/41
(~~Burial, cremation~~ or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Wilmington N.C.

Location

18 (a) Funeral director William Cook

(b) Address 1217 Eutaw St

FEB 8 1941

(a) (b)
(~~Date received~~ by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 3 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ? find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death asphyxia from vomiting — Duration

Due to Lysol poisoning

Due to mental despondency

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb 7, 1941
(c) Where did injury occur? home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury swallowed Lysol

23. Signature H. L. Wallenstein M.D.
Asst Medical Examiner

Date signed 2-7-41

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

77305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-8

F 77305 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nehemiah Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Benjamin M
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-41 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Bickett St.

19 (a) FEB 8 1941 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-1941, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-1941, to 2-5-1941, and that I last saw h[illegible] alive on 2-5-1941.

Immediate cause of death
Uremia — Duration 5 days
Due to Hypertensive CVD — Duration ? ?
Jan. A-5
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 2-6-41

VS 8

77306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 L F 77306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4804 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM B. HANSON

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edith Grant
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 27 1856 / 1875

8. AGE: Years 66 ~~65~~ | Months | Days 1 | If less than one day: hr. min.

9. Birthplace: Harford, Co. Md (Town, county, and state)
10. Usual Occupation: Clerk. – retired
11. Industry or business: B & O Railroad

FATHER
12. Name: C. B. Hanson
13. Birthplace: Harford Co. Md

MOTHER
14. Maiden Name: Ann M. Middleton
15. Birthplace: Harford Co. Md

16 (a) Informant: Sister Mrs. W. S. Baldwin
(b) Address: 217 W Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1941 (month) (day) (year)
(c) Cemetery or crematory: Churchville
Location: Harford Co Md

18 (a) Funeral director: Henry Heuisler & Son Co
(b) Address: Orchard & McCollole St

19 (a) 1941 (Date received by registrar) Huntington Memorial (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 1 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D. (Medical Examiner)
Date signed 2-7-41

Please type or print plainly with pen and ink. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

WILSON

F 77307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-a F 77307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Rock St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 718 W Rock St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	L	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Wilson

6. DATE OF BIRTH (month, day, year) July 18, 73 -

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 -	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eagle Pass Texas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Vera Lewis

(Address) 718 W Rock St

18. BURIAL, CREMATION, OR REMOVAL

Place Taylor Island Date 2-12-41 19

19. UNDERTAKER Adolphus Halstead

(Address) 918 Druid Hill Ave

20. FEB 8- 1941 21. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/41, 19.., to 2/6/41, 19..

I last saw h.. alive on 2/6/41 12 M. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2/4/41

Nephritis

Other contributory causes of importance

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Lee M. D.

(Address) 324 N. Fremont Ave

SOME CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

63112-HD

77308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134-V

Registered No. R 77308

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3940 Eastern Ave.

(c) Hospital or institution:

Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9days 17 3

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 505 Ogston st.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-1900

8. AGE: Years	Months	Days	If less than one day
40	5	5	hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER

12. Name Robert Hill

13. Birthplace Va.

MOTHER

14. Maiden Name Ida Johnson

15. Birthplace Va.

16 (a) Informant B.V.H. records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave.

FEB 8 1941 Registered by Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1941, at 11:55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941, to 2-6 1941, and that I last saw h[illegible] alive on 2-6 1941.

Immediate cause of death: Left renal calculus — Duration: ?

Due to: Uremia — Duration: 5 days

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Ehrlich Jr. M. D.

Address Baltimore City Hosp. Date signed 2-7-41

Physicians: please write the causes of death clearly and legibly. The cause is especially important.

77309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-2

Registered No. F 77309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 days
(e) Length of stay in Baltimore (yrs., mos., or days): 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Balto
(c) City or town: White Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Preston R. HEWITT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Irene Brickall

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 7, 1891

8. AGE: Years: 49 | Months: 5 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Rockville, Maryland. (Town, county, and state)

10. Usual Occupation: Foreman

11. Industry or business: State of Maryland

FATHER
12. Name: Allan R. Hewitt
13. Birthplace: Rockville, Maryland

MOTHER
14. Maiden Name: Elizabeth Burrows,
15. Birthplace: Rockville, Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Feb 8, 41 (month) (day) (year)
(c) Cemetery or crematory: Bethesda, Md.
Location: W.S. Reuben-Plimpfurey
Owner: [illegible] & Walter Road
(b) Address: [illegible] N Bouldin Ave.
Undertaker: Huntington Williams, M.D.

FEB 8- 1941 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 6, 1941, at 3:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4, 1941, to Feb. 6, 1941, and that I last saw him alive on Feb. 6, 1941.

Immediate cause of death: Cirrhosis of liver, hypertrophic; Alcoholism, chronic — Duration: Unknown / Unknown

Due to:

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: T. N. Anderson M. D.

Address: US Marine Hospital, Baltimore, Md. Date signed: 2, 7, 41

...ffice especially important. Physicians: please write the causes of death clearly and legibly.

F 77310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Gen. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Miss Emma Clements

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-09-2688

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If married, widowed, or divorced, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1892

8. AGE: Years 58 Months 10 Days 20 If less than one day hrs. min.

9. Birthplace New York Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name Francis Clements

13. Birthplace Md

MOTHER 14. Maiden name Marie Louise Ware

15. Birthplace Md

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto., Maryland

18 (a) Funeral director Wm. J. Dickman Sons

(b) Address North & Pa.

19 (a) FEB 8 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941 to 2-7 1941. and that I last saw her alive on 2-7 1941.

Immediate cause of death Arteria - Sclerotic C-V Disease Duration

Due to Decompensation

Occlusion of Lt. femoral

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fuller B Goldsmith M. D.

Address Md Gen Hosp Date signed 2-7-41

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77311 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John A. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. 249-01-3323

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Apr 5 1889

8. AGE: Years	Months	Days	If less than one day
51	10	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Sun Cab Co.

FATHER 12. Name John Stewart
13. Birthplace Balto Md

MOTHER 14. Maiden Name Delia O'Brien
15. Birthplace Balto Md

16 (a) Informant Mr Harold J. O'Brien
(b) Address 1933 W. Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1941 (month) (day) (year)
(c) Cemetery or crematory St Peter's Cem.
Location 1300 Moreland Ave

18 (a) Funeral director John J. Conlon & Son
(b) Address 1918 Hollins St.

19 (a) (Date rec'd by registrar) FEB 8 1941 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bronchio - Pneumonia — Duration 3 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Medical Examiner.

Date signed 2/7/41

VS 6

77312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ F 77312 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 E. Preston St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 E. Preston St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

q7

3 (a) FULL NAME Edward C. Meyer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie E. Meyer
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 8. 1884

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	5	30	19	

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Herman Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Hotide
15. Birthplace Germany

16 (a) Informant Lottie E. Meyer
(b) Address 1743 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Balto Md.

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway (Huntington Williamsport, Md.)

19 (a) (Date received by registrar) Registrar

FEB 8 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1941, at 3:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kelsey M.D. Medical Examiner
Date signed 2/7/41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

77313 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 77313

CERTIFICATE OF DEATH 83-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Melrose Nursing Home St. 10-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martin F. Mooney If U. S. Veteran specify WAR .....

(a) Residence: No. 1220 Greenmount Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Sherer

6. DATE OF BIRTH (month, day, year) not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 72 Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pension from City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bridge dept.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Mooney

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Jane Ormond

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. George Rauh

(Address) 1220 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Feb.-11

Holy Cross Cem. Harford Rd. 1941

Place Date

19. UNDERTAKER Henry Stocke & Son Inc

(Address) 1301E. Eager St.

FEB 8 - 1941 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-8-1941. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1941, to Feb. 8, 1941

I last saw him alive on Feb. 7, 1941. Death is said to have occurred on the date stated above, at 3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/5/41
2nd one on	2/7/41
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ??? If so, specify .....

(Signed) Sarah Leifer M. D.

(Address) 714 E. Preston St.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

77314 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 77314

131-a

CERTIFICATE OF DEATH Soc. securety No. 214-18-2388 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Anntana Ave. St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles D. Piersol Sr. If U. S. Veteran specify WAR

(a) Residence: No. 4810 Anntana Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Piersol nee Wight

6. DATE OF BIRTH (month, day, year) August-5-1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66Yrs.	6Mo.	2Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Route

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Piersol

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Thompson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Mary L. Piersol
(Address) 4810 Anntana Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Place Feb.-10-1941 Date 19

19. UNDERTAKER Henry Hoeder Sons Inc.
(Address) 1301 E. Eager St.

20. FILED FEB 8- 1941 Irvington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.-7-1941 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to Feb 7th, 1941

I last saw him alive on Feb 3rd 1941 Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	} duration about 6 yrs
Chronic Nephritis	
Cerebral Hemorrhage	Feb 1941

Other contributory causes of importance:

Chronic Myocarditis	} duration 4 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg M.D. M. D.

(Address) 1548 N. Potomac Baltimore

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V0 8

F 77315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168 F 77315

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Gilmor St. 16-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Blanche Pitts

If U. S. Veteran specify WAR .....

(a) Residence: No. 915 N. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Leslie Pitts

6. DATE OF BIRTH (month, day, year) March 8, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Norfolk (State or country) Va.

FATHER

13. NAME John Boyd

14. BIRTHPLACE (city or town) Greenville (State or country) N.C.

MOTHER

15. MAIDEN NAME Ida Penner

16. BIRTHPLACE (city or town) Unknown (State or country) Va.

17. INFORMANT John Boyd
(Address) 915 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Feb 9, 1941

19. UNDERTAKER Mrs Katie R. Williams
(Address) 327 N. Schroeder St.

20. FILED FEB 8 - 1941 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1941 to Feb. 6, 1941

I last saw her alive on Feb 6, 1941 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	9 Days

Other contributory causes of importance:

Has also had Hypertension & Bronchitis for years

What ~~test~~ confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Glass M. D.

(Address) 924 Madison Ave.

V8 3

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

77316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c ✓ Registered No. E 77316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Pennsylvania Ave
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town — (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John G. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-40-3334

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Helen J. Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1895

8. AGE: Years	Months	Days	If less than one day
45	5	27	— hr. — min.

9. Birthplace Washington, N. C. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Chemical Works

FATHER
12. Name ?
13. Birthplace N. C. ?

MOTHER
14. Maiden Name Martha Rust
15. Birthplace N. C.

16 (a) Informant Helen Robinson
(b) Address 1608 W. Mulberry St

17 (a) — (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1941 (month) (day) (year)
(c) Cemetery or crematory Nat. Auburn
Location —

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder Ste

19 (a) FEB 8 — 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1941, at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1940, to 2-5- 1941, and that I last saw him alive on 2-5- 1941.

Immediate cause of death Bronchopneumonia — Duration 48 hrs

Due to —

Due to —

Other Conditions Arebro-spinal lues (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Carr
Address 515 Mobber St Date signed 2/8/41

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

Registered No. 77317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Paca Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo. 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Warner St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Jenkins Brayboy Birth F 15106

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1940

8. AGE: Years 5 Months Days 17 If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Brayboy
13. Birthplace South Carolina

MOTHER
14. Maiden Name Evelyn Jenkins
15. Birthplace South Carolina

16 (a) Informant Evelyn Brayboy
(b) Address 708 Warner St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Joseph A. Tively
(b) Address 40 S. Mount St.

19 (a) FEB 8 - 1941 (Date Received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7-41 19 , at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28-1941, to 2-7-1941, and that I last saw her alive on 2-6-1941.

Immediate cause of death: Cardio respiratory failure

Due to: Miliary tuberculosis

Due to:

Other Conditions: Tuberculous meningitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Case M. D.
Address Univ. Hosp. Date signed 2-7-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

VS 3

F 77318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 77318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 min. 1/61
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Collett St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE TURNER.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3335

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1899

8. AGE: Years	Months	Days	If less than one day
41	7	9	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Central Metal & Rubber Co.

FATHER
12. Name William Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Brown
15. Birthplace Va.

16 (a) Informant Mrs. Curtis
(b) Address 622 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 10-1941 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary
Location A. A. Co

18 (a) Funeral director Joseph A. Lively
(b) Address 409 North Mount Street

19 (a) FEB 8- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6. 1941, at 3 53 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Uraemia Coma	
Due to Uraemia nephritis	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature H. L. Wollenweber, M.D. Medical Examiner.

Date signed 2-7-41

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

398473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. E 27319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 St. Paul
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 St. Paul (If rural give location) 218-07-4351
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Russell Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-4351

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Lillie Vertner

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 11-17-67

8. AGE: Years 73 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Virginia (City, county, and state)

10. Usual Occupation Clerk

11. Industry or business Casualty Co.

FATHER
12. Name William Jones
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Kemp
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) **(b) Date thereof** 2/10/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Undertaker
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) **(b)** Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 4 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Feb 7 1941, and that I last saw him alive on Feb 7 1941.

	Duration
Immediate cause of death Cachexia	
Due to Carcinomatosis	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of stomach with widespread metastases
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. J. Sherman M.D.
Address Johns Hopkins Hospital **Date signed** 2-7-41

VS 3

77320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77320

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 W. Saratoga St. 20th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Estelle Stumpner

If U. S. Veteran specify WAR

(a) Residence: No. 1922 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Stumpner

6. DATE OF BIRTH (month, day, year) Aug. 2, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown Md.

FATHER

13. NAME Lynn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Jenkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Murray Stumpner
(Address) 1922 W. Saratoga St.

18. BURIAL, ~~CREMATION,~~ OR REMOVAL
Place Western Cem'ty Date Feb. 8, 1941

19. UNDERTAKER John D. Mitchell & Sons, Inc.
(Address) 3900 Eutaw Place, Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1940 to Feb 6, 1941

I last saw her alive on Feb 6, 1941 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (left side)	1 Yrs.
Cardiac dilatation	7 "

Other contributory causes of importance

Chronic myocarditis & hypertension

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Dalas, M. D.

(Address) 4 N. Fulton Ave.

VS 8

Hastings for Williams

SKD

DEATH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77321

HEALTH DEPARTMENT—CITY OF BALTIMORE

77321

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Alameda Blvd. St., 9-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet E. H. McK. Shanks

If U. S. Veteran specify WAR .....

(a) Residence: No. 2922 Alameda Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel T. Shanks

6. DATE OF BIRTH (month, day, year) Sept. 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Richard R. MacCubbin

14. BIRTHPLACE (city or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Eleanor Harrison

16. BIRTHPLACE (city or town) ..... (State or country) Md.

17. INFORMANT Samuel L. Shanks
(Address) 2922 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Loudon Park Cemetery Feb. 8, 1941

19. UNDERTAKER John D. Mitchell Sons Inc.
(Address) 1900 Eutaw Place, Baltimore

20. FILED ..... 19.....

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 6 - , 1941

22. I HEREBY CERTIFY, That I attended deceased from 3 - 7 - , 1931 to 2 - 6 - , 1941

I last saw her alive on 2 - 5 - , 1941 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Pro. B. Sylvest M. D.

(Address) 2802 Harford Road

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

VS 3

1941

77322 OF 63091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a ✓ F 77322 Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. Please write plainly. Should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1069 Myrtle Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Cox

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	C	

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-1889

8. AGE: Years	Months	Days	If less than one day
51	7	22	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name James Edward Dave (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Jemima Johnson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt Aub
Location

18 (a) Funeral director Geo. B. Kelso
(b) Address 1303 Westmoreland

19 (a) FEB 8 - 1941 (Date rec'd by registrar) (b) Huntington Williamsport, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941, at 1 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 2-7 1941, and that I last saw her alive on 2-6 1941.

Immediate cause of death Carcinoma of cervix & metastases — Duration 2 yrs

Due to Weakness, reaction of blood pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Nature of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp. Date signed 2-7-41

VS 3

77323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 77323

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornelius Bonner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years	Months	Days	If less than one day
14 yrs			hr. min.

9. Birthplace Balto. Md
(City, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Cornelius Bonner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace

16 (a) Informant Mrs. Bertha Bryon
(b) Address 1413 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Used. G. Kelson
(b) Address 1203 Pressman

19 (a) FEB 8 - 1941 (Date rec'd by registrar) (b) Huntingtown Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1940 at 5 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1941 to 2/6 1941 and that I last saw h[illegible] alive on 1/6/1941

Immediate cause of death	Duration
Rt. Lobar Pneumonia	
Due to Left Bronchopneumonia	
Due to	
Other Conditions Paralytic Ileus	

(Include pregnancy within 3 months of death)

Major findings: Of operation Appendicitis
Date
Of autopsy Refused by Relatives

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hoyle Lowe
Address Providence Hosp. Date signed 2/6/41

VS 3

77324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 77324 Registered No.

Important: Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3610 Woodbine Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 1 3610 Woodbine Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADELAIDE W. BEALL

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Walter Clifford Beall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1864

8. AGE: Years 76 | Months 8 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Milstead
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Jane Macartnay
15. Birthplace Cecil Co., Maryland

16 (a) Informant Mrs. Fannie B. Young
(b) Address 3610 Woodbine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill
Location Laurel, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) FEB 8- 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1941, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1936 to 2/6 1941, and that I last saw her alive on 2/6 1941.

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to: Auricular fibrillation — 1 year

Due to: Myocardial Degeneration — 5 yrs —

Other Conditions: Arteriosclerosis — 5yrs +

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Wm. Young M.D.
Address 3403 Garrison Blvd. Date signed 2/7/41

F 77325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D ✓ F 77325 Registered No.

Please answer all questions. Information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4643 Coleherne Road
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4643 Coleherne Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

28-4

3 (a) FULL NAME JOHN F. McKEWEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Kate Dougherty McKewen
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1863

8. AGE: Years	Months	Days	If less than one day
77	10	12	... hr. ... min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Supt. Can Goods (Retired)
11. Industry or business W. W. Boyer

FATHER
12. Name Joseph McKewen
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Walter J. Steinkamp
(b) Address 4643 Coleherne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Shaw & Ford & Lowe
(b) Address 118 W. Mt. Royal Ave.

19 (a) FEB 8 - 1941 (Date rec'd by registrar) Livingston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 25 1941 to Feb 7 1941, and that I last saw him alive on Feb 6 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions: Arteriosclerosis, Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Schwenck M. D.
Address 1337 S. Charles St. Date signed 2/9/41

77326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-a

Registered No. E 77326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Grantley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Grantley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Veronica C. Hutchinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Clarence Hutchinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1874

8. AGE: Years	Months	Days	If less than one day
67		26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Peter Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Finnan
15. Birthplace Ireland

16 (a) Informant Mrs. Gordon Service
(b) Address 624 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/41. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director Harry A. Nittle
(b) Address 4101 E. Monument Ave.

19 (a) FEB 8 1941 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1941, at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1941, to Feb. 6 1941, and that I last saw her alive on Feb. 5 1941.

Immediate cause of death	Duration
Bronchial Pneumonia	2 weeks
Due to Influenza	2½ weeks
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Kupp M. D.
Address 703 Edmondson Ave. Date signed Feb. 7

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The accuracy of information should be carefully supplied.

77327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F F 77327

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Govans Post Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 F. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. John Haggett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jane B.
(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 16-1865

8. AGE: Years 75 | Months 7 | Days 22 | If less than one day 1 hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Stock Dealer
11. Industry or business Stock Farm

FATHER
12. Name Daniel Haggett
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Sheehan
15. Birthplace Ireland

16 (a) Informant John B. Haggett Jr.
(b) Address 719 F St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director J. E. Morgan
(b) Address 1326 Huntington Ave Baltimore, Md.

19 (a) FEB 8- 1941 (b)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6-41 19— at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19— to 19—, and that I last saw h— alive on 2-6-41 19—.

Immediate cause of death
Ca. of Liver

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of liver with Metastasis
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fustin M. D.
Address Bon Secours Date signed 2-6-41

77328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 77328
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Lane #2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs. Gertrude Thompson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Archie Thompson
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) Sept 22 1883
8. AGE: Years 57 Months 38 Days 15 If less than one day hr. min.
9. Birthplace Reisterstown Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Murray
13. Birthplace Md

MOTHER
14. Maiden Name Anna Nash
15. Birthplace Pa.

16 (a) Informant Mrs. Archie Thompson
(b) Address Reisterstown, Route 2.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Feb. 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Deer Park Cem. Location near Reisterstown

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941 at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1941 to 2-7 1941 and that I last saw her alive on 2-7 1941.

Immediate cause of death: Arterio-Sclerotic C.V.R. Duration Chronic
Due to Decompensation
Due to Diabetes Mellitus
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lampshire
Address Md. General Hosp. Date signed 2/7/41 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 77329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Baston Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matthew Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business ?

FATHER 12. Name George Hoffman
13. Birthplace Germany

MOTHER 14. Maiden Name Minnie Schneider
15. Birthplace Germany

16 (a) Informant John H. Gregg
(b) Address 1202 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8/41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Rd.

18 (a) Funeral director Kelly & Baker
(b) Address 403 S. Wolfe St.

19 FEB 8 - 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1941, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Handsucker M.D.
Medical Examiner.
Date signed 2/3/41

Type or write with INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 77330 Registered No.

Every item of information should be carefully supplied, with UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 Fleet
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Fleet (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME ANTONIO VIOLA

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widowed

6 (b) Name of husband or wife. late- Maria Vittoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1866

8. AGE: Years	Months	Days	If less than one day
74	9	12 14	hr. min.

9. Birthplace Foggia Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Francesco Viola
13. Birthplace Italy

MOTHER
14. Maiden Name Luisa ?
15. Birthplace Italy

16 (a) Informant Maria Luisa Viola
(b) Address 1719 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

FEB 8 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 . to 1941 19 . and that I last saw h alive on 2-3 1941.

Immediate cause of death
Cardiac failure
Due to Arteriosclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Levinthal M. D.
Address 3804 Park Hts Ave Date signed 2-7-41

77331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 77331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts
(c) Hospital or institution: University Hospital 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. University Hospital (If rural give location)
1510 W. PRATT ST
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Kiebler Birth F 23007

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years [redacted] Months Days If less than one day 16 hr. 25 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Harry Russell Kiebler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Maurice Fisher
15. Birthplace Baltimore Md

16 (a) Informant Hospital Records
(b) Address University Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8- 41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Roff C. + B.M. Walters
(b) Address Pratt + Stricker Sts

19 Filed by registrar FEB 8- 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7th 1941, at 3.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6th 1941, to Feb. 7th 1941, and that I last saw h[illegible] alive on Feb 7th 1941.

Immediate cause of death Pulmonary Atelectasis — Duration 1 day.
Due to Prematurity.
Due to
Other Conditions Terminal Dyspnea. Pneumonia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Univ Hosp. Date signed 2-7-41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The entry of information should be carefully supplied.

77332 6 of 4

CGK F 77332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 Eager St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Poledna

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03?-5737

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Divorced

6 (b) Name of husband or wife Lula Poledna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1880

8. AGE: Years	Months	Days	If less than one day
60	~~12~~	9	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business Brass Finisher

FATHER 12. Name John Poledna
13. Birthplace Europe(?) Bohemia

MOTHER 14. Maiden Name Frances (Mpra
15. Birthplace Europe(?)

16 (a) Informant Records
(b) Address Balto. City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer, Location Baltimore Md

18 (a) Funeral director Frank Brackston
(b) Address 900 S. Eberton

FEB 6 – 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1941, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1941, to 2-2 1941, and that I last saw him alive on 2-2 1941.

Immediate cause of death Hemorrhage from gastro-intestinal tract of unknown etiology — Duration 12 hrs.

Due to Old coronary thrombosis arteriosclerotic gangrene left foot — Duration 6 mo. 1 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney A. Schlatt Jr. M. D.
Address Baltimore City Hosp. Date signed 2-8-41

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Data are especially important.

F 77333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 77333

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 E Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Davidson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1885

8. AGE: Years 55 | Months 7 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: House Work

FATHER
12. Name: Michel Cohen
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ethel ?
15. Birthplace: Russia

16 (a) Informant: Samuel Davidson
(b) Address: 1119 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 9, 1941 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosedale
Location: Philadelphia Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W North Ave

FEB 9 1941

(b) [illegible] Huntingtop Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1941, at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1941 to 2/7/41 1941.
~~and that I last saw h~~ alive on D.O.A. 1941.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Acute dilatation	10 hrs
Due to: Pulmonary edema	
Due to: Chronic myocarditis	5 yrs
Other Conditions: diabetes.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Whitney H Dennis M. D.
Address: 231 Cathedral St Date signed: 2/7/41

VS 3

Please supply information requested. Physicians: please write the causes of death clearly and legibly.

F 77331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 77331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 min 15
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 W. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Marks

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1867

8. AGE: Years	Months	Days	If less than one day
73	2	27	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired Merchant

FATHER
12. Name David Marks
13. Birthplace Russia

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Russia

16 (a) Informant Esther Marks
(b) Address 1703 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9. 1941 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E. Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W Baltimore St

FEB 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1941 to 2/7 1941, and that I last saw h[illegible] alive on 2/7 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	3 hrs?
Due to Hypertrophic arterio sclerotic heart disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A Gott M.D.
Address W. B. G. H. Date signed 2/7/41

Physicians: please write the causes of death clearly and legibly. Be sure to state the primary important.

F 77335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 77335 Registered No.

The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 E. Federal Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Federal Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME CATHERINE TERESA EDMONDS

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Samuel Waring Edmonds

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1866

8. AGE: Years 74 | Months 7 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Patrick Connelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Gillen
15. Birthplace Ireland

16 (a) Informant Samuel Waring Edmonds
(b) Address 1517 E. Federal Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/11/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. J. Frank Son Inc
(b) Address 4 & N. Mt. Royal Ave

19 (a) 2/10/41 (Date rec'd by registrar) **(b)** Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8/41 19 ..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1941, to 2-8 1941, and that I last saw h~~e~~r alive on 2-8 1941.

Immediate cause of death Coronary thrombosis — Duration 2 days

Due to Arteriosclerosis

Due to Cardiovascular disease — years

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Greenwood M. D.

Address 1402 Pe. Lamvale St. **Date signed** 2-8-41

F 77336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 77336

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2420 N. Charles Street

(c) Hospital or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ---

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2420 N. Charles Street (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME ELEANOR CARROLL DARNALL

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife: Francis Hall Darnall

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1854

8. AGE: Years	Months	Days	If less than one day
86	10	13/12	____ hr. ____ min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Henry James Carroll

13. Birthplace Maryland

MOTHER 14. Maiden Name Pyle

15. Birthplace Maryland

16 (a) Informant R. Bennett Darnall

(b) Address 2420 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Chas. F. Grays & Son Inc.

(b) Address 11 W. Mt. Royal ave.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7th 1941, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1941, to Feb 7th 1941, and that I last saw him alive on Jan 29th 1941.

Immediate cause of death Arteria-Sclerosis with Cerebral Hemorrhage

Due to Old age

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy ____

Duration
Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)

(e) Means of injury —

23. Signature Thos. Dabney M. D.

Address Towson, Md Date signed Feb 8th 1941

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The entry of all of information should be carefully supplied.

F 77337

F 77337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3627 Philadelphia Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3627 Philadelphia Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella May Dobson

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Dobson

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 30. 1880

8. AGE: Years 60 | Months 3 | Days 28 | If less than one day: hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER — 12. Name John Callender

13. Birthplace Pa.

MOTHER — 14. Maiden Name Mary J. Hughes

15. Birthplace

16 (a) Informant John Dobson

(b) Address 3627 Phila. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10. 1941 (month) (day) (year)

(c) Cemetery or crematory Oaklawn

Location City

18 (a) Funeral director Mr. & Mrs. John H. Triebel & Son

(b) Address 601 W. Fayette St

FEB 9 - 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1-1941 to 2-7 1941, and that I last saw h[illegible] alive on 2-7 1941.

Immediate cause of death: Coronary thrombosis

Due to arteriosclerotic heart disease

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John J Gould M. D.

Address 142 Eutaw Date signed 2-8-41

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

F 77338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 77338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cloverdale Rd. & Madison
(c) Hospital or institution: Temple Garden Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMANUEL TROUT.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sallie Trout
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Louis Trout,
13. Birthplace Germany.

MOTHER
14. Maiden Name Helena Laupheimer,
15. Birthplace Germany

16 (a) Informant Mrs. Sallie Trout,
(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director David Lanasman & Son
(b) Address 1902 Eutaw Place.

FEB 9 - 1941 (Date rec'd by Registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th. 1941, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1° 1911 to Feby 8° 1941, and that I last saw him alive on Sept 9° 1940.

Immediate cause of death Coronary thrombosis — Duration 15 minutes

Due to Coronary artery Sclerosis, Angina pectoris — Duration Since June 1937

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis P. Hausbrager M. D.
Address 1207 Eutaw Place Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] item of information should be carefully supplied.

F 77339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 77339 Registered No.

Use ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Reisterstown Rd
(c) Hospital or institution: Mt. Sinai Convalescent Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 Brookfield Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KOSSUTH BIRKENWALD.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Sophia Birkenwald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1851

8. AGE: Years	Months	Days	If less than one day
89	2	1920	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Solomon Birkenwald,
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Nusbaum,
15. Birthplace Germany.

16 (a) Informant Miss. Itta Birkenwald,
(b) Address 2333 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnesein & Son
(b) Address 1902 Eutaw Place.

19 (a) FEB 8 1941 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th. 1942, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1940, to Feb 8 1941, and that I last saw him alive on Feb 8 1941.

Immediate cause of death Arteriosclerosis
Myocarditis
Due to Senility (?)
Due to
Other Conditions Pulmonary Edema acute cardiac dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Kader M. D.
Address 2306 Eutaw Place Date signed

F 77340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 E 20th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 E. 20th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fred Morgan

3 (b) If veteran, name war: unknown
3 (c) Social Security Account No. 22-03-7103A

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1879

8. AGE: Years 65 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Boston Mass
(Town, county, and state)

10. Usual Occupation Time Clerk

11. Industry or business Edgewood Arsenal (U.S. Govt.)

FATHER
12. Name PETER MORGAN
13. Birthplace Ireland

MOTHER
14. Maiden Name unknown
15. Birthplace Ireland

16 (a) Informant MARY AGNES FLYNN O'CONNOR
(b) Address 44 CLARENDON ST. BOSTON MASS.

17 (a) Removal (b) Date thereof 2/4/44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Boston
Location Boston Mass

18 (a) Funeral director J. Anthony (Co)
(b) Address 1219 St Paul St

(c) FEB 3 1944 (Date received) Huntington Williams (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Febry 1 1944 at 8 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1943 to 2/1 1944.
and that I last saw h alive on Febry 2 1944.

Immediate cause of death
Acute Cardiac dilatation
Due to Myocarditis
Due to
Other Conditions Cardiac Asthma Bronchitis.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. MacMurray M. D.
Address 108 E Chas St Date signed

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 77341 ✓ F 77341

F 77341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2914 Inglewood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2914 Inglewood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

21

3 (a) FULL NAME Howard W. Craumer

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 219-05-7605

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Minnie W.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 24. 1880

8. AGE: Years	Months	Days	If less than one day
60	1	10	..... hr. ..... min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business P Shoemaker Co.

FATHER

12. Name Josiah Craumer

13. Birthplace Pa.

MOTHER

14. Maiden Name Emma C. Moore

15. Birthplace Pa.

16 (a) Informant Minnie Craumer

(b) Address 2914 Inglewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11-41 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkwood

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St.

19 FEB 9 - 1941 Registered by Registrar .....

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 29 1941 to Feby 8 1941, and that I last saw h alive on Feby 8 1941.

Immediate cause of death Diabetes Mellatus — Duration a number of years, 24 hrs.

Due to Diabetic Coma

Due to .....

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)

(e) Means of injury ✓

23. Signature Norma B. Green M. D.

Address 3009 Evergreen Ave Date signed 2/9/41

VS 8

Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The ... is especially important.

F 77342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 77342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, insert RURAL and give town)
(d) Street No. 1120 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Annie M. Sandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife William H. Sandy

6 (c) If living, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1868

8. AGE: Years 72 Months 8 Days 29 If less than one day hrs. min.

9. Birthplace Balto, Md (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name S. P. Carroll
13. Birthplace Md

MOTHER
14. Maiden Name Mary Welsh
15. Birthplace Md

16 (a) Informant Mary Ward
(b) Address 1120 N. Monroe St

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1207 St. Paul St

19 (a) FEB 9 - 1941 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1941 to 2-7 1941, and that I last saw him alive on 2-7 1941.

Immediate cause of death: Arteries-Sclerosis
Due to Cardio-Vascular Disease
Due to Hypertension
Due to Diabetes Mellitus
Other Conditions

Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lumpkin M. D.
Address Md. General Hosp. Date signed 2/7/41

VS 3

Please write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 77343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77343

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Preston and Valley St.
(c) Hospital or institution: Little Sisters of Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Dukes Court (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Jacob Znorwina

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Regina Znorwina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March - 1871

8. AGE: Years	Months	Days	If less than one day
69 70	11		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Znorwina
13. Birthplace Poland

MOTHER
14. Maiden Name unk.
15. Birthplace Poland

16 (a) Informant Regina Znorwina
(b) Address 2002 Dukes Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) FEB 9 - 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1941, at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941, to Feb 8 1941, and that I last saw him alive on Feb 7 1941.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Bronchial Asthma	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M.D.
Address 1631 E North Ave Date signed 2/9/41 M. D.

VS 3

F 77344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 77344

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1515 Myrtle
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John W. Grooms

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 6-1865

8. AGE: Years 75 | Months 11 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Nelson Grooms

13. Birthplace md

MOTHER 14. Maiden Name Sarah E. Griffin

15. Birthplace md

16 (a) Informant John W. Grooms

(b) Address 1425 Druid Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto Co.

18 (a) Funeral director Samuel W. Chase & Son

(b) Address 638 N. Gilmor St.

19 (a) FEB 9 - 1941 (b)

(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 2.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1941, to Feb 8 1941, and that I last saw her alive on Feb 7 1941.

Immediate cause of death Arteria Sclerosis — Duration 2 mo

Due to

Due to Arteria Sclerosis — Duration of age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. J. Daugherty M. D.

Address 1602 Bennett Date signed 2/8/41

F 77345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 77345 Registered No.

Please answer questions on reverse side. Information should be carefully supplied. Fine imposed by law for wilful misstatement or omission. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Summit Grove Home
(c) Hospital or institution: 5260 Harford Rd, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Front St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C. Kleinschmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1860

8. AGE: Years	Months	Days	If less than one day
80	5	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Fruit Produce
11. Industry or business

FATHER
12. Name Adam Kleinschmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Betz
15. Birthplace Germany

16 (a) Informant Mrs. Walter Hengen
(b) Address 4225 Euclid Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 10 41 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Howard H. Bight Jr.
(b) Address 4914 Belair Road

19 (a) FEB 5 1941 (Date filed by Registrar) (b) Hilton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Feb 7 1941, and that I last saw h[illegible] alive on Feb 6 1941.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Pittinman M. D.
Address 2324 Reisterstown Rd Date signed 2/8/41

F 77346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 77346
Registered No.

Please write plainly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S Register St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenwood Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Carrie Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min

9. Birthplace Dorchester Co., Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Richard Harris
13. Birthplace Dorchester Co, Md.

MOTHER
14. Maiden Name Louise Waters
15. Birthplace Dorchester Co, Md

16 (a) Informant Mrs. Carrie Harris
(b) Address 28 S Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 10 41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brantley Ave

FEB 9 - 1941 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1941 at 8:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia — **Duration**

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S Pilcher M.D.
Medical Examiner.
Date signed 2/7/41

VS 6

F 77347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-6 F 77347 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 JACKSON PLACE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 JACKSON Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME SAMUEL TEWELOW

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Divorced

6 (b) Name of husband or wife Hannah Tewelow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired Photographer

11. Industry or business Self

FATHER
12. Name Harry Tewelow
13. Birthplace Russia

MOTHER
14. Maiden Name Lena —
15. Birthplace Russia

16 (a) Informant Lawrence Tewelow
(b) Address 1340 W. North Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-41 (month) (day) (year)
(c) Cemetery or crematory Adath Yoshurun
Location Pimmel St.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 Filed FEB 8 1941 (Registrar) Hunting to Williams M.D. (Signature of physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to Feb. 7 1941, and that I last saw him alive on Feb. 6 1941.

Immediate cause of death Cardiac failure
Due to Arterio sclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert H. Gunders Jr. M. D.
Address Riviera Apts Date signed Feb. 8, 1941

VS 3

F 77348

HEALTH DEPARTMENT—CITY OF BALTIMORE

77348

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for the Aged, Infirm 61

CITY OF BALTIMORE: (No. Belvedere, Greenspring St., 27 Ward)

Registered No. 77348

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? 73 yrs. mos. da.

2. FULL NAME Celia Kramer

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere, Greenspring St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) July 6, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere, Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Laurelale Date 2/9/41, 19

19. UNDERTAKER Jack Lewis Burke

(Address)

20. FILED 19 Hunting Ton Williams, Registrar.

FEB 9- 1941

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935 to Feb 8, 1941

I last saw her alive on Feb 8, 1941 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Diabetes Mellitus	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Edmund Levin MD M. D.

(Address) Laurdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77349

77349

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged & Infirm 107 Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hyman Talkin

If U. S. Veteran specify WAR ...

(a) Residence: No. Belvedere & Greenspring St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Feinberg

(Address) Greenspring & Bleeker

18. BURIAL, CREMATION, OR REMOVAL Bash Rod Date 2/9/41, 19

19. UNDERTAKER Jack Levin Inc

(Address) ...

20. FILED FEB 9 1941, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Feb 8, 1941

I last saw him alive on Feb 8, 1941. Death is said to have occurred on the date stated above, at 3:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	2/2/41
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) H Edmund Levin M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

16 F 77350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-C F 77350 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Jean Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
14			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Harris
13. Birthplace Carroll Co, Md

MOTHER
14. Maiden Name Edith Sharp
15. Birthplace Carroll Co, Md

16 (a) Informant William Sharp
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12. 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster Cem.
Location Westminster, Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md

19 (a) FEB 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1941, at 11 00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Crushing Injury of Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/8/41
(c) Where did injury occur? Work. Blvd - 3 Mi So of Laurel (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Automobile ran ~~of~~ and ~~did~~ broke ~~and~~

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed

VS 6

F 77351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 77351 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Eutaw Pl. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

94

3 (a) FULL NAME William Hoffman

3 (b) If veteran, name war: Spanish A. War
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1868

8. AGE: Years 72 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business Barlett Haywood

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Jennie Young
(b) Address 1711 Ensor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10, 1941 (month) (day) (year)
(c) Cemetery or crematory New National Cem.
Location Frederick Road

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St.

19 (a) FEB 9 - 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941 at 6 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Hoffman M.D. Medical Examiner.
Date signed 2/7/41

F 77352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-D F 77352

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town Baltimore Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 1933 Griffis Avenue

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Balto

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1933 Griffis (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amy E Schneider

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Christian S.

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct 6 - 1861

8. AGE:

Years	Months	Days	If less than one day
79	4	1	hrs. min

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Neubaum

13. Birthplace Maryland

MOTHER 14. Maiden name Emily

15. Birthplace Maryland

16. Informant Christian S

Address 1933 Griffis Ave

17. Burial, cremation, or removal Date thereof 2-10-41 (month) (day) (year)

Cemetery or crematory Mountain Brow Cem

Location Virginia Ave & Loyola Rd

18. Funeral director Edward Toulson

Address 2359 Woodbrook Ave

FEB 8 1941 19 (Local reg. or Registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 31 1935 to Feb 7 1941 and that I last saw her alive on Feb 7 1941

Immediate cause of death Cardio Vascular Disease — DURATION

Due to Arteriosclerosis — 1935

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward J Nolan M.D. M. D. or other

Address 682 Washington Blvd Date signed 2-8-41

F 77353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 77353

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 E 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH F ~~GRISAER~~ or GESSNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1948

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna May Gessner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1888

8. AGE: Years	Months	Days	If less than one day
52	2	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Crown Cork & Seal Co.

FATHER
12. Name Joseph Francis Gessner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth ~~Z~~
15. Birthplace Balto. Md.

16 (a) Informant Frank J. Gavin
(b) Address 630 Wyanoke Ave

17 (a) Balto (Burial, ~~cremation, or removal~~) (b) Date thereof 2/10/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) FEB 10 1941 (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 11 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said .. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, 2nd and 3rd degree, entire body	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 25, 1941
(c) Where did injury occur? Eastern Ave & Hopkins Pl Crown Cork & Seal (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Benzene caught fire from acetylene torch

23. Signature T. F. Ballenweber M.D.
Asst Medical Examiner
Date signed 2-8-41 (Not to be filled)

F 77354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

F 77354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2142 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2142 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A. Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-01-4809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bertha M. Wagner
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1887

8. AGE: Years	Months	Days	If less than one day
53	1	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Foreman, Sheet Metal
11. Industry or business Katzinger & Company

FATHER
12. Name Louis Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kessler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Bertha M. Wagner
(b) Address 2142 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Pole
(b) Address 1200 W. Lombard St

19 (a) (Date rec'd by registrar) (b) Huntingtown, Md.

FEB 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7th 1941, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1940 to Feb. 7 1941
and that I last saw h[illegible] alive, on Feb. 6 1941.

Immediate cause of death: Acute Cardiac Dilatation — Duration 2 days

Due to Cirrhosis of Liver — 6 Mos

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Dr. Address [illegible] Date signed 2-8-41 M. D.

F 77355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 E. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto. Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 E Fort ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

74

3 (a) FULL NAME Katherine G Lancaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph L. Lancaster
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	1	19		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Joseph Hinkle
13. Birthplace Germany

MOTHER
14. Maiden Name Dent Schaer
15. Birthplace Germany

16 (a) Informant Joseph L. Lancaster
(b) Address 722 E. Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11/41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location G.A. 66

18 (a) Funeral director A. Hamm & Evans
(b) Address 1400 Druid Hill Ave

19 (a) Filed FEB 10 1941 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1941, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6-1941, to 2-7 1941, and that I last saw her alive on 2-7 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 Day
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 707 E. Fort Ave. Date signed 2-7-41

77356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77356 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d.
(e) Length of stay in Baltimore (yrs., mos., or days) 36y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 772 S. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36y. years

3 (a) FULL NAME Abraham Shacket

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-1203

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/18/84

8. AGE: Years	Months	Days	If less than one day
56 55	3	21	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Cabinet Maker.
11. Industry or business

FATHER
12. Name Isaac Shacket
13. Birthplace ?

MOTHER
14. Maiden Name Kole ?
15. Birthplace ?

16 (a) Informant Rose Eyzonovic (Sister)
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Seaman Hall Rd.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) Date received by registrar FEB 10 1941 (b) Registrar's No. Hunterstown Hilliard

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1941 to Feb 9 1941, and that I last saw him alive on Feb 9 1941.

Immediate cause of death Carcinoma Larynx

Due to Arterio Sclerosis C.V. Disease

Due to

Other Conditions Pulmonary Embolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Daffy M. D.
Address Mercy Hospital (Date signed)

77357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 77357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Belvedere Hotel, Room 704
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 E Highfield Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Doeller

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-7696

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Bertha S. Doeller

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1881

8. AGE: Years	Months	Days	If less than one day
59	1	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Printers Mfg. Co

FATHER
12. Name Henry Doeller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carrie Reifner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Bertha S. Doeller
(b) Address 201 E. Highfield Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location

18 (a) Funeral director J. W. Justice Son Co
(b) Address Mt. Cleveland

19 (a) (Signature of registrar) (b) for Williams Registrar

FEB 10 1941

VS 6

MEDICAL CERTIFICATION 50

20. DATE OF DEATH February 8 1941, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Vandervoort M.D. (Medical Examiner)

Date signed 2/9/41

Leaner Knox

77358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-NF 77358

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 Peach St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Peach St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leaner Knox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 1889

8. AGE: Years	Months	Days	If less than one day
51	8		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Samuel Miller
13. Birthplace Virginia

MOTHER
14. Maiden Name Leaner Miller
15. Birthplace Baltimore, Md.

16 (a) Informant Gladys Wooden
(b) Address 942 W. Franklin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2 10 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Calary Cemtry
Location Balto

18 (a) Funeral director Walter B. Sprigg's
(b) Address 139 W. Hamburg St.

19 (a) FEB 10 1941 (Date received by registrar) (b) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8th 1941, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 15 1940, to Feb 8 1941, and that I last saw h[illegible] alive on Feb 4th 1941.

Immediate cause of death	Duration
Uraemia	3 days
Due to Interstitial Nephritis	about 2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Harrell
Address 665 W. Baltimore Date signed 2/10/41 M. D.

F 77359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 77359
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N Gay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 822 Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Apparently 70			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Leonard Reed
13. Birthplace Balto

MOTHER
14. Maiden Name Henrietta Bankard
15. Birthplace Balto Md

16 (a) Informant Hester Polston (sister)
(b) Address 822 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md

18 (a) Funeral director Robert Chas. Williams
(b) Address 1615 McElderry St

19 (a) (Local registrar) (b) Hunter for Wilbur (Deputy registrar)

FEB 10 1941
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1941, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940 to Feb 6 1941, and that I last saw h alive on Feb 5 1941.

Immediate cause of death Diabetes Mellitus — Duration 1 yr

Due to

Due to

Other Conditions Chronic Interstitial Nephritis 1 yr and Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young
Address 1524 N Monument Date signed 2/8/41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77360 Registered No. 94-a

F 77360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 W Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6911 Belair Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME GEORGE WITZGALL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	no.	m	W	Widowed

6 (b) Name of husband or wife Minnie Witzgall
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 1st, 1863

8. AGE: Years	Months	Days	If less than one day
78	0	6	..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Bartender (retired
11. Industry or business Tavern.

FATHER
12. Name John Witzgall
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Daughter Mrs Mary Tyson
(b) Address Stevens Ave - Rolling Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore

18 (a) Funeral director Phelps Henry Sons
(b) Address 2024 Orleans St

19 (a) ..... (b) ..... Registrar
(Signature of registrar)

FEB 10 1941

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7th, 1941, at 5:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. L. Wollenmaber M.D.
Asst Medical Examiner.
Date signed 2-8-41

F 77361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27-C

Registered No. F 77361

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RUKAL and give town)
(d) Street No. 2304 E Federal (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Wilbert Franklin Kidd

3 (b) If veteran, name war: Spanish War
3 (c) Social Security Account No.: no number
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Amelia Kidd
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Jan 8 - 1878
8. AGE: Years 63 | Months 01 | Days 29 | If less than one day ... hr. ... min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Laundryman
11. Industry or business:

FATHER
12. Name: Elmer Kidd
13. Birthplace: Md

MOTHER
14. Maiden Name: Ella Johnson
15. Birthplace: Md

16 (a) Informant: Mrs Amelia Kidd
(b) Address: 2304 E Fleet[illegible] St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Parkville Md.
18 (a) Funeral director: John Ulrich
(b) Address: 2008 Orleans St.
19 (a) ... (Date received by registrar) (b) Hunter Lord Hillen, Secretary, M.D.

FEB 10 1941
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH. Feby 7th 1941, at 9 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to Feb 7 1941, and that I last saw him alive on Feb 7 1941.

Immediate cause of death: Chronic Dysentery — Duration: ?
Due to: Lobar Pneumonia — 4 Days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Edward J Leavell
Address: 25 SAE Baltimore Date signed 2/10/41

F 77362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-W

F 77362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 E 28th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E 28th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Reges

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katharine Reges
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1872

8. AGE: Years	Months	Days	If less than one day
69		20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Retired

FATHER
12. Name John Reges
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kuss
15. Birthplace Germany

16 (a) Informant Mrs Mary Reges Shaw
(b) Address 1736 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2004 Orleans St

19 (a) FEB 10 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 8 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1940 to Feb. 8, 1941. and that I last saw him alive on Feb. 7, 1941.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	6 Mos.
Due to	
Other Conditions Coronary Occlusion	3 Mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Singewald M. D.
Address 1613 E. North Ave Date signed 2-8-41

VS 3

F 77363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 77363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5407 Hamlet Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5407 Hamlet Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dorothea F. Dippel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick L. Dippel
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 15 1862

8. AGE: Years	Months	Days	If less than one day
78	10	22	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation .....
11. Industry or business At home

FATHER
12. Name John Baer
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Stopp
15. Birthplace Germany

16 (a) Informant Miss Amelia Dippel
(b) Address 5407 Hamlet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director John Ulrich
(b) Address 2002 Orleans St.

19 (a) ..... (Date received by registrar) (b) ..... (Registrar)

FEB 10 1941

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 7th 1941 at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3-1941 to 2-7-1941, and that I last saw her alive on 2-7 1941.

Immediate cause of death Chronic Valvular Heart Disease — Duration 3 years

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Milton C. Carey M. D.
Address 2117 Belair Rd Date signed 2-9-41

F 77364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E

F 77364 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 S Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 S Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude E. Younger

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Married

6 (b) Name of husband or wife Howard D Younger
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) Aug 24 1903

8. AGE: Years	Months	Days	If less than one day
37	5	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name David Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Mattie Kirby
15. Birthplace Va.

16 (a) Informant Howard D Younger
(b) Address 1319 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A A Co

18 (a) Funeral director Barnard C Hank
(b) Address 121 E North St

19 (a) [illegible] Huntingtop Williams Md

FEB 10 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8th 1941, at 6.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1940 to Feb 8 1941, and that I last saw her alive on Feb 8 1941.

Immediate cause of death Carcinoma of Colon — Duration 1 year
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph A. Blum M. D.
Address 1206 E. Preston Date signed 2/10/41

F 77365

F 77365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1941-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2545 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2545 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Agnes Barker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John H. Barker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 12, 1885

8. AGE: Years: 56 | Months: - | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housemaid

11. Industry or business

FATHER
12. Name: James Freeman
13. Birthplace:

MOTHER
14. Maiden Name: Laura Robertson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. John H. Barker
(b) Address: 2545 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory: Arbutus M. Park
Location: Balto. Co. Md.

18 (a) Funeral director: Wm. Geo. H. Holland
(b) Address: 1631 Druid Hill Ave

19 (a) (b) Date received by local registrar: FEB 10 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1941, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941, to Feb 6 1941, and that I last saw her alive on Feb 6 1941.

Immediate cause of death	Duration
Acute cardiac failure	
Due to coronary embolism	15 min
Due to	
Other Conditions Bronchopneumonia, hypertension (Include pregnancy within 3 months of death)	4 weeks

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr, M.D.
Address 515 Maher Ld Date signed 2/10/41

F 77366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-F

F 77366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2778 Tivoly Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2778 Tivoly Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Spencer Jones Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Mary V. Watkins
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov 17 1863

8. AGE: Years	Months	Days	If less than one day
77	1	21	hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)
10. Usual Occupation Weight Master
11. Industry or business B & O R.R.

FATHER
12. Name Luther Watkins
13. Birthplace Md.

MOTHER
14. Maiden Name Martha
15. Birthplace Md.

16 (a) Informant Mrs. Mary V. Watkins
(b) Address 2778 Tivoly Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1941 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Certain & Son
(b) Address 2234 N. Charles St.

FEB 10 1941 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940 to Feb 8 1941 and that I last saw him alive on Feb 8 1941.

Immediate cause of death: Carcinoma Throat — Duration: March 1940
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. D. Edwards M.D.
Address 27 Alameda Date signed 2/10/41

F 77367

77367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVE REGISTERED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 N.Chester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 N.Chester Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 64 years

8 6

3 (a) FULL NAME Anna C. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1876

8. AGE: Years 64 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, state)

10. Usual Occupation Janitress Baltimore City School Department

11. Industry or business

FATHER
12. Name Charles Winters
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Eitel
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Doris L. Mossop
(b) Address 1614 N.Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd. Baltimore Md

18 (a) Funeral director Albert L. Nitz
(b) Address 1606 N. Chester St

19 (a) (Date received by registrar) (b) Registrar

FEB 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1941, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3, 1941 to Feb 8 1941, and that I last saw h[illegible] alive on Feb 8 1941.

Immediate cause of death: Chronic Myocarditis — Duration

Due to Arteriosclerotic Cardio Vascular Renal Disease

Due to

Other Conditions Acute Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Woolfe

Address 1331 Eastern Ave Date signed 2-8-41

F 77368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 77368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemmon Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 774 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade H. Palmer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 3 - 1935

8. AGE: Years	Months	Days	If less than one day
6	1	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wade H. Palmer
13. Birthplace Virginia

MOTHER
14. Maiden Name Ora Lee ~~Baker~~ Dalton
15. Birthplace Virginia

16 (a) Informant Wade H. Palmer - Father
(b) Address 774 Carroll Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North & Milton Ave

18 (a) Funeral director Howard J. Wright Jr.
(b) Address 4914 Belair Road

(a) Date received by Registrar (b) Registrar

FEB 10 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 9 - 1941, at 2:45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Fractured skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2 - 6 - 1941 21-1
(c) Where did injury occur? Home 915 Barre St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place Public (Specify type of place) While at work? No
(e) Means of injury Ran into St; struck by automobile

23. Signature Howard J. Wright M.D. Medical Examiner
Date signed 2-10-41

F 77369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 77369

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St. Joseph's Hospital

(c) Hospital or institution: Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3108 FAIT AVE. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME JOHN F. MEYER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212 09 2629

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife VIRGINIA MEYER

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) OCT. 29 1889

8. AGE: Years	Months	Days	If less than one day
51	3	10	hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation FIREMAN

11. Industry or business KIMBELL & TYLER CO.

FATHER

12. Name LAMBERT B. MEYER

13. Birthplace GERMANY

MOTHER

14. Maiden Name KATHERINE SCHUTT

15. Birthplace GERMANY

16 (a) Informant VIRGINIA MEYER (WIFE)

(b) Address 3108 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 11/41 (month) (day) (year)

(c) Cemetery or crematory PARK WOOD CEM.

Location TAYLOR AVE & HAMILTON

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) FEB 10 1941 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1941, at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1941 to Feb 8 1941, and that I last saw h[illegible] alive on Feb 8 1941.

Immediate cause of death Myocardial Failure — Duration .....

Due to Coronary Occlusion .....

Due to ....

Other Conditions ....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature William Kupik, M.D.

Address St. Joseph's Hosp. Date signed 2/9/41

VS 3

F 77370

F 77370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 S. GRUNDRY ST.
(c) Hospital or institution: -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 S. GRUNDRY ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2649

3 (a) FULL NAME ANNA MARY BOEREN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ADROINUS BOEREN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 27 1873

8. AGE: Years 67 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name WILLIAM LEHR
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant ADROINUS BOEREN (HUSBAND)
(b) Address 709 S. GRUNDRY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 11/41 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Sally J. Zeller
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] (b) [illegible] (Registrar) [illegible] Registrar

FEB 10 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 1 1941 1:30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1940 to 2/7 1941, and that I last saw her alive on 2/3/41 19

Immediate cause of death: Myocarditis

Due to: Acute Cardiac dilatation

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 633-S Conkling Signed M. D. 7/6/41

H 77371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 BF 77371 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 E. Lake Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 E. Lake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marian Brooke Householder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14. 1916

8. AGE: Years	Months	Days	If less than one day
24	10	23	hr. min.

9. Birthplace Bueno. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Frank J. Householder

13. Birthplace Pa.

MOTHER 14. Maiden Name Jessie L. Tickle

15. Birthplace Bueno. Md.

16 (a) Informant Frank J. Householder

(b) Address 421 E. Lake ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10/41. (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frank. Rd.

18 (a) Funeral director Harry H. Leitzke

(b) Address 4101 E. Monument ave.

19 (a) (Date received by registrar) (b) Registrar

VS 3 FEB 10 1941 Justin Jon Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Feb 7 1941. and that I last saw her alive on Feb 7 1941.

Immediate cause of death — Duration

Brain Tumor (Glioma)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor Malignant (Glioma)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard T. Cotton M. D.

Address Lafayette Apts. Date signed Feb 9/41

F 77372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74-B

F 77372 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3519 Forest Park Ave.
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3519 Forest Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME IRVING A. SPEAR.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or wife~~ Evelyn H. Spear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1880

8. AGE: Years	Months	Days	If less than one day
60	9	16 17	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Financier
11. Industry or business

FATHER 12. Name Abraham Spear,
13. Birthplace Germany.

MOTHER 14. Maiden Name Augusta Luchs,
15. Birthplace Germany.

16 (a) Informant Mrs. Evelyn Spear
(b) Address 3519 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/41. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Clarence Sonnenborn & Son
(b) Address 1902 Eutaw Place for Williams, M.D.

19 (a) (b) Registrar

FEB 10 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th. 1941, at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to Feb 8 1941, and that I last saw h im alive on Feb 7 1941.

Immediate cause of death	Duration
Bronchus - pneumonia	2 days
Due to aplastic anemia	
Due to ca - leukemia leukemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Carlsen M. D.
Address 2311 Garrison Blvd. Date signed

A. 77373

F 77373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 23d & St. Paul Streets

(c) Hospital or institution: Dr. Beck's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. ~~23d & St. Paul Streets~~ 1501 Bolton St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REV. U. S. G. RUPP, D. D.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary S

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1865

8. AGE: Years	Months	Days	If less than one day
75	5	10	hr. min.

9. Birthplace Lebanon Co., Maryland (Town, county, and state)

10. Usual Occupation Retired Clergyman

11. Industry or business

FATHER 12. Name Gideon Rupp

13. Birthplace Lebanon Co., Penna.

MOTHER 14. Maiden Name Margaret E. Fernsler

15. Birthplace Lebanon Co., Penna.

16 (a) Informant Mr. Sidney W. Harvey

(b) Address 01 Easton Rd., Garden City, N.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Annville Cem

Location Annville, Penna.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Avenues, Huntington, W. Va.

19 (a) FEB 10 1941 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1941 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Feb 8 1941 and that I last saw him alive on Feb 8 1941.

Immediate cause of death Congestion heart failure

Due to Coronary Sclerosis

Duration 3 days

Due to 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harvey Rupp M. D.

Address St Paul & 23d Date signed Feb 10 41

VS 3

F 77371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43-D

F 77374 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5009 Eugene Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Thomas Smith (Thomas Henry Smith)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 716-12-3713

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife: Addie M. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1873

8. AGE: Years 67 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Engineer - P. R. R. Co

11. Industry or business

FATHER
12. Name: William H. Smith
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Maria C. Woodland
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. E. R. Leidich
(b) Address: 3439 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/41 (month) (day) (year)

(c) Cemetery or crematory: St. Annes Cem.
Location: Annapolis, Maryland

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pa. Avenues

19 (a) (By whom filed) (b) Filed (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1941 at 5 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7/1941 to 2/7/1941, and that I last saw him alive on 2/7/1941

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 2/7/41 M. D.

F 77375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-DE 22375 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Mr. George H. Hewitt

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-09-4512

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel A. Hewitt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1867

8. AGE: Years 73 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Phila - Pa (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Retired 18 mo

FATHER
12. Name James A. Hewitt
13. Birthplace Ireland

MOTHER
14. Maiden Name Eleanor Sharp
15. Birthplace England

16 (a) Informant Mrs Mabel H. Hewitt.
(b) Address 2209 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director Wm Mickley Sons,
(b) Address North & Pa Aves.

19 (a) FEB 10 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1941, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1941, to 2/8 1941, and that I last saw him alive on 2/8 1941.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to: Cerebral hemorrhage	5 wks
Due to: Hypertension, arteriosclerotic?	
Other Conditions: cardiovascular disease.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott M. D.
Address W. B. G. H. Date signed 2/8/41

VS 8

F 77376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
107

F 77376
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Aliceanna Sts
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. St Joseph Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Catherine Wilhelmina Albrand
(now Sister Mary Redemptor)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1857

8. AGE: Years 84 | Months | Days 17 | If less than one day hr. min.

9. Birthplace Lancaster Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Albrand
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Haine
15. Birthplace Germany

16 (a) Informant St Joseph Hospital
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3/41 19 , at 5 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 8 1941.
and that I last saw her alive on Feb 7 1941.

Immediate cause of death - Pneumonia (bronchial)

Duration

Due to

Due to

Other Conditions Nonreduced arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad L. Reuter M. D.
Address St. Joseph's Hosp Date signed 2/5/41

77377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 77377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 West 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY E BOERNER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Clara Bleby Stem
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1892

8. AGE: Years	Months	Days	If less than one day
48	3	29	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Penn. R.R.

FATHER
12. Name Henry J. Boerner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jennie Vondaberg
15. Birthplace Holland

16 (a) Informant Wife - Clara Boerner
(b) Address above address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1941, at 6 20/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration: week
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Williamson M.D. and Medical Examiner.
Date signed 2-10-41

VS 6

77378 F 77378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Markley Ave 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Maria Wood

If U.S. Veteran specify WAR ...

(a) Residence: No. 2909 Markley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sampson P. Wood

6. DATE OF BIRTH (month, day, year) 6-18-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marie Williams
(Address) 2909 Markley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 11, 1941

19. UNDERTAKER Leonard Wright
(Address) 3305 Harford Ave

20. Filed FEB 10 1941, 19... Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1941, to Feb. 8, 1941

I last saw her alive on Feb 5, 1941. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	2/2/41

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Williams M. D.

(Address) 3331 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Gil. 1705

F 77379 ✓X F 77379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Belmont Terrace (If rural give location)
If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Allen Sulbock

Birth F 21198 ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12-24-19

8. AGE: Years	Months	Days	If less than one day
	1	14	hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Harry E. Sulbock
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bessie R. Kirshbaum
15. Birthplace Baltimore, Md.

16 (a) Informant Harry E. Sulbock
(b) Address Belmont Terrace Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director L. Howard Strong
(b) Address 715 Light St.

19 (a) FEB 10 1941 (Date rec'd by registrar) (b) ..... Registrar
Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29- 1941, to 2-7- 1941, and that I last saw h.i.m alive on 2-7- 1941.

Immediate cause of death Pleur Pneu - monia — Duration 7 days

Due to .....

Due to .....

Other Conditions Mongolian Idiocy (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature S. W. Parks M. D.
Address St. Agnes Hosp Date signed 2/8

F 77380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 77380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Bryant Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Harry Heyman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
56				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation City Employee - Highway Dept

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Ref
Location Windsor Mill Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St.

19 (a) FEB 10 1941 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941 at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Cerebral - vascular accident Spontaneous

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman Williams M.D.
Address Date signed 2/10/41

VS 8

Hamilton Williams M.D.

(over)

F 77381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 77381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 J. St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aaron Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-2161

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 1886

8. AGE: Years	Months	Days	If less than one day
55	8	7	hr. min.

9. Birthplace Sumpter S. C. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Sumter S.C

MOTHER
14. Maiden Name Mamie Singleton
15. Birthplace Sumter S.C.

16 (a) Informant Aaron Jones Jr.
(b) Address 2431-N 23rd St Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1941 (month) (day) (year)

(c) Cemetery or crematory Sumter
Location South Carolina

18 (a) Funeral director Wm Brooks
(b) Address 1413 N. Gaiety

19 (a) (Date rec'd by registrar) (b) Hunting Town Williams, M.D. Registrar

FEB 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1941, at 9 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 7 1941, and that I last saw him alive on Feb 7 1941.

Immediate cause of death Peritonitis — Duration

Due to Ruptured Intestine

Due to Hernia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Drainage Peritoneal cavity + Herniaplasty
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Scampini M. D.
Address Md General Hosp. Date signed 2/7/41

VS 8

77382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N F 77382 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Dale (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathaniel Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	col	M

6 (b) Name of husband or wife Mary Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Carroll Co Md.

MOTHER
14. Maiden Name Lena Jones
15. Birthplace Carroll Co Md

16 (a) Informant Jane Calvary Johnson/sister
(b) Address 601 Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 -194 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Fullerton

18 (a) Funeral director J. C. Brooks
(b) Address 1463 N. Carey St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7- 194 1. at 7.30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 194 1. to 2-7 194 1. and that I last saw him alive on 2-6 194 1.

Immediate cause of death Chronic Cardio-Vascular Renal Disease, — Duration 6 mo.
Due to Acute Cerebral Hemorrhage
Due to Lobar Pneumonia 2 days
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Jackson M. D.
Address 600 Washington Ave Date signed 2/10/41

77383
392745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161-c F 77383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 665 Pierce (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ball Birth F 07413

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-40

8. AGE: Years	Months	Days	If less than one day
	10	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Horace Bell
13. Birthplace VA

MOTHER
14. Maiden Name Mabel Bell
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-10-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Annapolis

18 (a) Funeral director Haughey & Halstead
(b) Address 916 Druid Hill ave.

19 (a) [illegible] (b) [illegible] Registrar
FEB 10 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1941, to Feb 8 1941, and that I last saw him alive on Feb 8 1941.

Immediate cause of death Pulmonary edema — Duration 12 hrs
Anemia — ?
Dehydration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 2/8/41

F 77384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a Registered No. F 77384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-12 Light St.
(c) Hospital or institution: South Balt. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: East
(a) State Md. (b) County Sparrows Pt.
(c) City or town Sparrows Pt. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. 10 Box 586
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Frank Lubin (Latsanaukas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Frank
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Mary Latsanaukas
(b) Address R. D. 10 Box 586

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 11 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kaunakas Inc
(b) Address 642 Washington Blvd

19 (a) FEB 10 1941 (b) Registrar
Registrar for William, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7 1941, to 2-9 1941, and that I last saw him alive on 2-9 1941.

Immediate cause of death	Duration
Acute Myelogenous Leukemia	
Due to	
Due to Pleural effusion right	
Other Conditions Bronchopneumonia, left. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Box Date signed 2/9/41 M.D.

77385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 77385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 W. Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gough McDaniels

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Helen McDaniel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 7 1891
8. AGE: Years 50 Months 5 Days - If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name Edward McDaniel
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Md.

16 (a) Informant Mrs Elizabeth McDaniel
(b) Address 531 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs Francis A Hundley
(b) Address 578 W. Biddle St

FEB 10 1941
(Date received by Registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-7 1941, at 10 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941, to 2-7 1941, and that I last saw h/as alive on 2-7 1941.

Immediate cause of death: Lacunar Coma — Duration 2 days
Due to: Chronic Nephritis — 2 years
Due to: Hypertensive Cardiovascular Disease — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. P. Musgrave M. D.
Address President Hospital Date signed 2-13-41

V8 3

77386 59880 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-c

Registered No. F 77386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 E. North avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lemuel Clemson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1855

8. AGE: Years	Months	Days	If less than one day
85	9	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William
13. Birthplace England

MOTHER 14. Maiden Name Elizabeth
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 10 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 Date received FEB 10 1941 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-41 at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8 1940, to 2-5 1941, and that I last saw him alive on 2-5 1941.

Immediate cause of death: Carcinoma of buccal mucous membrane of mouth c
Due to metastases

Duration
?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy posted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward R. Eckert Jr. M. D.
Address Baltimore City Hosp Date signed 2-6-41

77387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 77387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution: West Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3138 Keswick Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Herbert J. Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	716-12-3495	Male	White	Married

6 (b) Name of ~~husband~~ or wife Mary E.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1876

8. AGE: Years	Months	Days	If less than one day
65		10	..... hr. ..... min.

9. Birthplace Parkton Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired R. R. Conductor
11. Industry or business Railroad

FATHER
12. Name Thomas C Wilson
13. Birthplace unknown

MOTHER
14. Maiden Name Amanda Tesey
15. Birthplace Penna.

16 (a) Informant Mary E Wilson
(b) Address 3138 Keswick Rd

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 2/11/41 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location Balto Md

18 (a) Funeral director Frank H Leet
(b) Address 847 W 36th

FEB 10 1941 (Date received by registrar) (b) Timothy Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1941, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7 1941 to Feb. 8 1941 and that I last saw him alive on Feb. 8 1941.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Harold A. Grott, M. D.
Address West Balto. Gen. Hosp. Date signed 2-9-41

VS 8

F 77388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

XV F 77388 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 437 N. Clinton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Loreley (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME JOZEFA POLITOWICZ

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Martin Politowicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	10	24	hr. min.

9. Birthplace Pobiedziska, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Chrust
13. Birthplace Pobiedziska, Poland

MOTHER
14. Maiden Name Antonina Woleniczak
15. Birthplace Pobiedziska, Poland

16 (a) Informant Mr. Steven Politowicz
(b) Address 130 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/41 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Jadowski & Son
(b) Address 1808 Eastern Ave.

19 (a) (b) Huntingdon, Pennsylvania

FEB 10 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1941, at 7:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1941, to Feb. 7, 1941, and that I last saw her alive on Feb. 7 1941

Immediate cause of death Hypertension Arter Vascular Disease 24yr. — Duration

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Stanislaus M.D.
Address 2575 Eastern Ave. Date signed 2/10/41

VS 3

F 7738?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. F 7738?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 S. Smallwood (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Smith
3 (b) If veteran, name war
3 (c) Social Security Account No. 29-05-8638

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Martha Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1901

8. AGE: Years	Months	Days	If less than one day
39	7	19	26 hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Wesley L. Smith
13. Birthplace Georgia

MOTHER
14. Maiden Name Smaintha Hasselltine
15. Birthplace Georgia

16 (a) Informant Mrs. Martha Smith
(b) Address 317 S. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory U.S. National Cemetery
Location Baltimore Md.

18 (a) Funeral director George L. Schwatt
(b) Address 2101 Pennsylvania Ave.

19 (a) (Local Registrar) (b) Hunter Sr. Williams, M.D. Registrar

FEB 10 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1941 at 2:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, right thorax — Duration

Due to fractures of the 3rd, to the 12th ribs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence February 6, 1941 4-1
(c) Where did injury occur? 115 Lombard St. Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Elevator crashed from 5th floor to cellar.

23. Signature H. L. Wareenmeber
Dr. Howard J. Malone Medical Examiner. M.D.
Date signed 2-10-41

F 77390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181 ✓

Registered No. F 77390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4508 Bowley's Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK CONRAD

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1896

8. AGE: Years 44 | Months 5 | Days 11/2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Conrad
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Behren
15. Birthplace Austria

16 (a) Informant Julia Lypka
(b) Address 45 08 Bowleys Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory New National Cemetery
Location

18 (a) Funeral director John J. Mellyn
(b) Address 2334 Jefferson St.

19 (a) FEB 10 1941 (Date rec'd by registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 11 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said ✓ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns 3rd degree entire body — Duration
Due to
Due to
Other Conditions Chronic alcoholism
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 7, 1941 2 P.M.
(c) Where did injury occur? Lot in rear 7832 Philadelphia Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no over
(e) Means of injury abandoned auto caught fire.

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 2-10-41

VS 6

77391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V

Registered No. 77391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 E. Preston St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 932 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily T. McGovern

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas A. McGovern
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 24 1876

8. AGE: Years	Months	Days	If less than one day
62	1	14/5	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Patrick Leland
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Daily
15. Birthplace Ireland

16 (a) Informant Mrs M. E. McGovern
(b) Address 932 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) FEB 10 1941 (Date rec'd by registrar) Lucretia Williams, M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8th 1941, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1939 to Feb 8 1941, and that I last saw h alive on Feb 8 1941.

Immediate cause of death: Chronic Nephritis — Duration: 17 Mos.
Due to: Cardio-Vascular Renal Disease — ?
Due to: — ?
Other Conditions: Diabetes — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. B. Von Schutz M.D.
Address 1518 Amandon Date signed Feb 9 1941

VS 3

PRINT NAME IN CAPITALS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 77392 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 E. North Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline G. Bayer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1875

8. AGE: Years 65 | Months 7 | Days 20 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Dipper of Umbrellas
11. Industry or business Umbrella Mfg

FATHER
12. Name John C. Bayer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Louisa Geis
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Charles F. Bayer
(b) Address 902 E. North Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Feb. 16, 1941 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Road & Moravia Blvd

18 (a) Funeral director Edgar W. Corkling & Son
(b) Address 924 E. Eager St

19 (a) FEB 10 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th 1941, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941, to Feb 8 1941, and that I last saw her alive on Feb 8th 1941.

	Duration
Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease	10 yrs
Due to:	
Due to:	
Other Conditions: Hypertension	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Lynn M. D.
Address 423 E. North Ave Date signed 2-10-41

VS 3

3923854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-D

Registered No. E 77393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Maldeis (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Julia O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Bernard
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 5-12-13

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	8	24		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation HW
11. Industry or business

FATHER
12. Name John Bardensky
13. Birthplace Poland

MOTHER
14. Maiden Name Stella Seczelesha
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 12-1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Elizabeth Harle Fun
(b) Address 115 E. West St.

19 (a) FEB 10 1941 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 10.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 30 1941, to Feb 8 1941, and that I last saw her alive on Feb 8 1941.

Immediate cause of death Uremia — Duration 4 days

Due to Chronic nephritis, cause undetermined

Due to ?,

Other Conditions ?,

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Fil Krumbhaar
Address Johns Hopkins Hosp. Date signed 2/9/41

HARWIG + V

F 77394 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Fort Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Todd Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Harwig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August J. Harwig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16-1854

8. AGE: Years	Months	Days	If less than one day
86	7	17	2 hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Wm. Sauers
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Wm. C. Harwig
(b) Address Todd Ave. Fort Howard Balto. Co. Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11/41 (month) (day) (year)
(c) Cemetery or crematory New Jerusalem
Location Belair Rd.
18 (a) Funeral director Wm. J. Melfer
(b) Address 2334 Jefferson St.
(c) [illegible]

FEB 10 1941
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1941, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941 to Feb 8 1941, and that I last saw her alive on Feb 8 1941

Immediate cause of death
Arteriosclerosis
Due to Senility
Due to
Other Conditions Fractured Lt. femur
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
Years
14 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence February 2, 1941
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall off of [illegible]
23. Signature R. L. Adams M. D.
Address Univ. Hosp. Date signed 2-8-41
Dr H. L. Mattingly per Dmw.

VS 3

77395

HEALTH DEPARTMENT—CITY OF BALTIMORE

77395

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4431 Buena Vista Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 Visit yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JOHN CRITTENDEN GIPE

If U. S. Veteran specify WAR No.

(a) Residence: No. Toledo Ohio. St. 27-135 Ward S.S 290-01-9697

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Monroe Gipe

6. DATE OF BIRTH (month, day, year) May 12. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Libby-Owens-Ford Glass Facty. Tole

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation 13yr

12. BIRTHPLACE (city or town) (State or country) Indianapolis Indianna

FATHER

13. NAME Charles Hamlin Gipe

14. BIRTHPLACE (city or town) (State or country) Indianna

MOTHER

15. MAIDEN NAME Agnes Jane Condo

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. James M. Sawhill (Daughter)

(Address) 4431 Buena Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Toledo Ohio Date Feb. 10. 1941

HENRY SANDER & SONS, INC. Geo. J. Sander.

19. UNDERTAKER (Address) North Ave. & Broadway

20. FILED FEB 10 1941 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1940 to Feb 9, 1941

I last saw h[illegible] alive on Feb. 8. 1941. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary heart disease	
Coronary thrombosis	Nov. 40
Hypertension	
Other contributory causes of importance	
Pulmonary infarction	

No

Was an operation performed? Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Ecg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. Edward Leachy M. D.

(Address) 108 East 39th St.

V8 3

NOTE—WRITE PLAINLY, WITH UNFADING INK. THIS IS A CONFIDENTIAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-F F 77396 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Fort Howard (If outside city or town limits, write RURAL and give town)
(d) Street No. Denton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Tiemann (MARY ELIZABETH TIEMANN)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	Female	White	Widowed

6 (b) Name of husband or wife Nicholas Tiemann
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 6. 1873

8. AGE: Years	Months	Days	If less than one day
68	0	3 2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin David Pierce
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary Frederick
15. Birthplace Marion, Ohio.

16 (a) Informant Mrs. Gertrude Berner (Daughter)
(b) Address 7920 Oakdale Ave. Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12. 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Ce.
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) FEB 10 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1941, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1941 to 2/6 1941 and that I last saw h[illegible] alive on 2/6 1941.

Immediate cause of death	Duration
Cardiac resp failure	
Due to Myocardial insufficiency	9 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature HERBERT W. STEIN Herbert W. Stein M.D.
Address Sinai Hospital M. D. Date signed

F 77397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 77397 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kendlen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Nellie E

6 (c) If alive, give age 1880

7. Birth date of deceased (mo., day, yr.) June 20 — 1864

8. AGE: Years	Months	Days	If less than one day
80	6	8	hr. min.

9. Birthplace Jenny Lands (town, county, and state)

10. Usual Occupation Retired

11. Industry or business Farm

FATHER
12. Name John Kendlen
13. Birthplace Wurtemburg

MOTHER
14. Maiden Name Caroline —
15. Birthplace Germany

16 (a) Informant Emanuel Kendlen
(b) Address 2230 Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Edward Loudon
(b) Address 2330 Eutaw Place

19 (a) FEB 10 1941 (Date rec'd by registrar) Registrar, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 1:00 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to Feb 8, 1941, and that I last saw h alive on Feb 6 1941.

Immediate cause of death: Cancer of Colon — Duration 1 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R O Hamm M. D.
Address 2708 Hollins Ferry Rd Date signed 2-9-41

VS 3

Dr. Gaskell - 600 S. Conkling

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-F

Registered No. F 77398

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 Foster Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Foster Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Blum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Agnes Blum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1878

8. AGE: Years	Months	Days	If less than one day
62	9	1 2	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas Blum
13. Birthplace Poland

MOTHER
14. Maiden Name Burkhart
15. Birthplace Poland

16 (a) Informant Agnes Blum (Wife)
(b) Address 3908 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery or crematory St. Sanislaus
Location Dundalk Ave

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison St.

19 (a) FEB 10 1941 (Date rec'd by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1941, at 9:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to Feb. 8 1941, and that I last saw h[illegible] alive on Feb. 7, 1941.

Immediate cause of death Generalized Carcinomatosis — Duration: Unknown

Due to Carcinoma of right tonsil

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Gaskell M. D.
Address 637 S. Conkling St. Date signed 2/9/41

F 77399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 77399

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days),
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Garfield Keen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-6939

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 1882

8. AGE: Years	Months	Days	If less than one day
58	11	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business Kimball & Tyler Garage

FATHER
12. Name Jessie Keen
13. Birthplace Md

MOTHER
14. Maiden Name Ellen E Dawes
15. Birthplace Md

16 (a) Informant Mrs Annie V Keen
(b) Address 813 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Filed FEB 10 1941 (Date received by registrar) Registrar Lyle

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1941, to Feb. 9 1941, and that I last saw him alive on Feb. 9 1941.

Immediate cause of death Coronary artery disease — Duration Indefinite

Due to

Due to

Other Conditions Chronic fibrous tissue with pulmonary fibrosis — 20 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Brill M. D.
Address 826 N. Washington St. Date signed Feb. 10, 1941

77400 GIFFIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ F 77400 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1245 Knox Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 Knox Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert W. Gibbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife (Deceased) Etta May Gibbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1861

8. AGE: Years	Months	Days	If less than one day
80	1	3	hr. min.

9. Birthplace Knoxville, Tenn. (Town, county, and state)
10. Usual Occupation Retired Watchman
11. Industry or business Md. Carwheel Works

FATHER
12. Name Don't know
13. Birthplace Tenn.

MOTHER
14. Maiden Name Don't know
15. Birthplace

16 (a) Informant Mrs. Sarah Gibbin (Sister-in-
(b) Address 1245 Knox Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1941 (month) (day) (year)
(c) Cemetery or crematory New Bay Cemetery
Location Knoxville, Tenn.

18 (a) Funeral director J. Howard Evans
(b) Address 1400-02 E. Baltimore St.

19 (a) Date received by local registrar FEB 10 1941 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 11:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Feb 9 1941, and that I last saw him alive on Feb 9 1941.

Immediate cause of death: Arteriosclerosis & Hypertension — Duration: 6 mos.
Due to:
Due to:
Other Conditions: Chronic Myocarditis — Duration: 6 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney H. Streett, M.D.
Address 421 E Fort Ave Date signed 2/10/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

Please write plainly, with unfading ink. Entry of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-B

Registered No. 77401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Crownsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Walter H ~~Dutt~~ Todd Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 1940

8. AGE: Years	Months	Days	If less than one day
	3		..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Todd
13. Birthplace Annapolis Maryland

MOTHER
14. Maiden Name Agnes V. Dawson
15. Birthplace Crownsville Md.

16 (a) Informant Walter H Todd Jr
(b) Address Waterbury Md

17 (a) Burial (b) Date thereof Feb 12/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baldesin Memorial
Location Millersville Md

18 (a) Funeral director B F Hopping
(b) Address Annapolis Md

19 (a) [illegible] (b) Huntington Williamsport Md

FEB 10 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Feb 10 1941, and that I last saw him alive on Feb 10 1941.

Immediate cause of death Pulmonary oedema.

Duration 1 day

Due to Intussusception 2 days

Due to Head cold, general debility.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. W. Corbett
Address Mercy Hospital Date signed 2-10-41 M.D.

Vs 5

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 126

F 77402
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette ave
(c) Hospital or institution: Hospital for Women
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster, Md R.D. 1
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Catherine Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Jonas Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July - 23 - 1874

8. AGE: Years 66 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Valentine Schubert
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Agnes Chrisner
15. Birthplace Pennsylvania

16. (a) Informant Mrs John Ritz R.D.
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb - 14 - 1941 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Silver Run Md

18 (a) Funeral director J. M. Little
(b) Address Littlestown Penna.

19 (a) Filed (Date received by registrar) FEB 11 1941 (b) Registrar Hunting L. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1941, at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1941, to 2/11 1941, and that I last saw h[illegible] alive on 2/10 1941.

Immediate cause of death: Cerebral hemorrhage — Duration: 24 days
Due to: duodenal ulcer
Due to:
Other Conditions: cholecystitis & cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cholelithiasis & duodenal ulcer
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Hollis Hamel M. D.
Address Hosp Wom Md. Date signed 2.11.41

F 77403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 181

F 77403
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Fleetwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Violet M. Wheeler

3 (b) If veteran, name war No — | 3 (c) Social Security Account No. 217-12-0060

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1923

8. AGE: Years	Months	Days	If less than one day hr.	min.
17	11	6		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Beautician
11. Industry or business

FATHER
12. Name Frank M. Wheeler
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Alice Eva Bowdell
15. Birthplace Pittsburg Pa

16 (a) Informant Mrs Frank Buckley
(b) Address 2831 Fleetwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul st

19 (Date received by Registrar) FEB 11 1941 (b) Hunting Ave Williamsport Pa.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9-1941, at 9:55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy-Inquiry thereof and from the evidence obtained by said Autopsy-Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Shock
Due to 1st & 2nd degree burns
Due to involving 95% of body
Other Conditions Conflagration.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-9-41 27-7
(c) Where did injury occur? 2831 Fleetwood ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Set clothes on fire, lighting cigarette.

23. Signature Howard J. Steinberg M.D. Medical Examiner.
Date signed 2-10-41

F 77401 F 77404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Normandy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Normandy Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Morgan

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Nelson B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13. 1865

8. AGE: Years 75 | Months 1 | Days 26 | If less than one day: hr. min.

9. Birthplace Annapolis Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nelson Bain
13. Birthplace Annapolis Maryland

MOTHER
14. Maiden Name Margaret Dorsey
15. Birthplace Annapolis Maryland

16 (a) Informant Nelson B. Morgan
(b) Address 3023 West Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/41 (month) (day) (year)

(c) Cemetery or crematory St Anns
Location Annapolis Md.

18 (a) Funeral director William Boot
(b) Address 1217 St Paul Street

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9th 1941 at 1045A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1940 to Feb 9 1941, and that I last saw h[illegible] alive on 2/8 1941.

Immediate cause of death: Carcinoma of uterus — Duration: 6 mo +

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore E Stacy
Address 3803 Edmondson Date signed M. 2 D. 10/41

F 77405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 E. Chase st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. Chase st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Burkhardt

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Valera Burkhardt
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Mar 2 1863

8. AGE: Years	Months	Days	If less than one day
77	11	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business B & O R.R.

FATHER
12. Name (Unknown) Burkhardt
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Anna H. Burkhardt
(b) Address 1000 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address [illegible]

19 (a) FEB 11 1941 (Delivered to registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10th 1941, at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Feb 10 1941
and that I last saw h[illegible] alive on Feb 9 1941

Immediate cause of death — Duration
Myocardial Failure — 1 mo
Due to Hypertension
Due to Senile Cerebral Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Asst Supt Cemetery
Address [illegible] Date signed 2-10-41

F 77406

X F 77406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Woodbrook
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. William W. Ford

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charlotte M. Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th 1871

8. AGE: Years 69 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Norwalk, Ohio
(Town, county, and state)

10. Usual Occupation Professor

11. Industry or business Johns Hopkins Hospital

FATHER
12. Name James Ford
13. Birthplace Devonshire England

MOTHER
14. Maiden Name Cornelia Cook
15. Birthplace Homer N.Y.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (b) Date thereof 2/12/41
(month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) FEB 11 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941 at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1941, to Feb 10 1941, and that I last saw h[illegible] alive on Feb 10 1941.

Immediate cause of death	Duration
Carcinomatosis of liver, lungs, abdomen	? 8 wks.
Due to Probable primary carcinoma of colon	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ward W. Briggs M. D.
Johns Hopkins Hosp.
Date signed 2/10/41

F 77407

F 77407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Blum

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-16-3526

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Wanda Blum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5th 1879

8. AGE: Years	Months	Days	If less than one day
62	0	45	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Coppersmith
11. Industry or business Riggs Co.

FATHER
12. Name Conrad Blum
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Buckholtz
15. Birthplace Germany

16 (a) Informant Wanda Blum
(b) Address 1215 N. Calvert St.

17 (a) Burial (b) Date thereof 2/13/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mountain View
Location Baltimore Co. Md

18 (a) Funeral director H. McCaul
(b) Address 1219 E. Fayette St.

19 (a) 2-11-1941 (b) Hunter-Lee-Williams Co Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1941, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1941, to Feb 10 1941, and that I last saw him alive on Feb. 10 1941.

Immediate cause of death	Duration
Pulmonary Edema	6 hrs
Due to Acute Cardiac Dilatation	
Due to Generalized Arteriosclerosis	
Other Conditions Marked Anemia & Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. McCaul M. D.
Address University Hospital Date signed 2-10-41

VS 3

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 77408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor ave
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 37 20 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Christian St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Baker

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-10-2045

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62 61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Farmer

FATHER
12. Name Reuben Baker
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Brownstein
15. Birthplace Russia

16 (a) Informant Rose Baker
(b) Address 2103 Christian St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11, 1941 (month) (day) (year)
(c) Cemetery or crematory Mount Herring Run
Location Bowley Lane

18 (a) Funeral director Rob't Lemmon & Bro
(b) Address 1124-26 W. North ave

19 (a) Date rec'd by registrar 2-11-1941 (b) Registrar's No. 8

VS 3-41

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1941 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1941 to 2/10 1941, and that I last saw him alive on 2/9 1941.

Immediate cause of death	Duration
Pulmonary edema	15 d.
Due to Bronchopneumonia	16 d.
Due to Arteriosclerotic cardio-vascular disease	5 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Harold A. Gott M. D.
Address W. B. Gen. Date signed 2/10/41

F 77409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 77409 X 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Irene + Redwood
(c) Hospital or institution: University Hospital Dead on arrival
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Hampstead (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Keels Lang

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Este Lang
6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): 1894 - Dec 24

8. AGE: Years	Months	Days	If less than one day
46	1	16	hr. min.

9. Birthplace: Woodsboro, Carroll Co (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business

FATHER
12. Name: Mathias Lang
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Barbara Neibert
15. Birthplace: Germany

16 (a) Informant: Grace Lang Yingling
(b) Address: Hampstead Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 12/41 (month) (day) (year)
(c) Cemetery or crematory: Sunderburg
Location: Sunderburg, Carroll Co Md

18 (a) Funeral director: Edw F Lipton
(b) Address: Hampstead Md

19 (a) (Date rec'd by registrar) (b) Registrar: Hunter Wm Williams, M.D.

FEB 11 1941

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941, at 11 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dead on arrival 19..., and that I last saw h... alive on ... 19....

Immediate cause of death: Intracranial hemorrhage — Duration: 11 hrs

Due to: ?

Due to: ?

Other Conditions: Pulm. emphysema
Rt. sided cardiac failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cerebral vascular accident

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John J. Bowers
Address: University Hospital Date signed: 2/10/41

Howard S. Jenkins M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

Registered No. F 77410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Askland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Askland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hanna Gaskins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race b

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James H Gaskins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7th 1871

8. AGE: Years 69 Months 8 Days If less than one day hr. min.

9. Birthplace West Moreland Co. Va.
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Ned Holmes

13. Birthplace Va

MOTHER 14. Maiden Name Temple ?

15. Birthplace Va

16 (a) Informant Mildred Sinnett

(b) Address 1704 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Baltimore & Ashland Rd

18 (a) Funeral director Belson Thomas Knight

(b) Address 218 N. Eutaw St

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) Thomas for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 8 1941, and that I last saw her alive on Feb. 8 1941.

Immediate cause of death Hemiplegia — Duration 4 hrs

Due to Cerebral Hemorrhage — 7 days

Due to old age

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Walters M. D.

Address 2124 McCulloh Date signed 2-10-41

VS 3

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 77411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME HENRY ANDREW JARZYNSKI

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Graczkowska
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years about 80 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name — Jarzynski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Graczkowska
15. Birthplace Poland

16 (a) Informant Frances Jankowska
(b) Address 2020 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Odonnell St

18 (a) Funeral director W. J. Fialkowski
(b) Address 2007 Eastern Ave Baltimore, Md.

19 (a) FEB 11 1941 (Date rec'd by registrar) — Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1941, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: Arteriosclerosis general
Due to:
Other Conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 2-10-41

F 77412 ✓ F 77412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 E. Fayette.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 E. Fayette. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth D. Gray.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Wdow

6 (b) Name of husband or wife John A Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1856

8. AGE: Years 71 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John "Gray. Md
13. Birthplace England

MOTHER 14. Maiden Name Lukyouth
15. Birthplace England

16 (a) Informant Mrs. Margie Rosman
(b) Address 2204 E. Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1941 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director J. Heumann & Son
(b) Address 1 S Broadway

FEB 11 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8, 1941 at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 8 1941, and that I last saw her alive on Feb 8 1941.

Immediate cause of death	Duration
Coronary Thrombosis	7 days
Due to Arteria Sclerosis	5 yrs.
Due to Hypertension	
Due to Angina Pectoris	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alma B Lunsford MD
Address 718 N Patterson Park Ave Date signed 2-13-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 7713 ✓ F 7713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette & John Sts.

(c) Hospital or institution: Hospital for the Women of Md. 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Esplade & Eutaw Place & Brooks Lane
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Clara Appel Krueger

3 (b) If veteran, name war .....

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife Harry Krueger

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 9 1875

8. AGE: Years	Months	Days	If less than one day
55	5	2	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER 12. Name Isaac M. Appel

13. Birthplace Germany Maryland

MOTHER 14. Maiden Name Emma Longstreth

15. Birthplace Balto. Md.

16 (a) Informant Mr. Harry Krueger,

(b) Address Esplanade & Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Harris Levering Son

(b) Address 1912 Eutaw Place

FEB 11 1941 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941, at 7:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1941 to Feb 10 1941, and that I last saw her alive on Feb 10 1941.

Immediate cause of death	Duration
Myocardial failure,	
Due to Chronic cardio-vascular disease.	
Due to Arteriosclerosis Arterial Hypertension	
Other Conditions Intestinal obstruction	

(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction due to adhesions.

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)

(e) Means of injury .....

23. Signature Raywood D. Linn M. D.

Address Hosp. for Women Date signed 2-10-41

77414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. E 77414

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1838 N. Bond St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Thelma Hofstetter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Joseph E. Hofstetter
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 4/2/1893

8. AGE: Years	Months	Days	If less than one day
47	10	8	hr. min.

9. Birthplace Balt. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Millard Humphreys
13. Birthplace Balto Md

MOTHER
14. Maiden Name Christina Barnett
15. Birthplace Germany

16 (a) Informant Joseph E. Hofstetter
(b) Address 1838 - N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Balto. Co. Md

18 (a) Funeral director Geo. J. Roth Inc
(b) Address 22 S. Haven St

19 (a) (Date rec'd by registrar) (b) Huntingdon Pa.

FEB 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941, at 1 30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Feb 10 1941, and that I last saw her alive on Feb. 10 1941.

Immediate cause of death	Duration
Metastatic Ca of Brain	
Due to Ca of cervix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Bruce M. D.
Address University Hospt Date signed 2-10-41

Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Correct age is especially important.

F 77415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

F 77415 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Morris Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Jackson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1914

8. AGE: Years	Months	Days	If less than one day
26	2	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic Work
11. Industry or business

FATHER
12. Name Robert Jackson
13. Birthplace Pittsburgh Pa.

MOTHER
14. Maiden Name Janie Webb
15. Birthplace Gloucester Co. Va.

16 (a) Informant Janie G. Alton (mother)
(b) Address 911 W. Fayette St.

17 (a) Burial (b) Date thereof 2-14-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Charles E. Cooper
(b) Address 514 N. Calhoun St.

19 (a) FEB 11 1941 (b) Jon Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebro-spinal Meningitis — Duration over

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 2/9/41

F 77416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 77416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard St. and Madison Ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 W. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Patterson Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5768

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1863

8. AGE: Years 77 | Months 6 | Days 25 | If less than one day: hr. 24 min.

9. Birthplace Baltimore Maryland
(Town, county and state)

10. Usual Occupation Florist

11. Industry or business Own progress

FATHER
12. Name Robert Paterson
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Christie
15. Birthplace Scotland

16 (a) Informant Robert Johnston
(b) Address 222 W Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1941 (month) (day) (year)
(c) Cemetery or crematory Govans Presbyterian
Location Govans Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) FEB 11 1941 (Date received by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8-41 19 , to 2-10 1941.
and that I last saw h e r alive on 2-10 1941.

Immediate cause of death Cardiac failure — Duration

Due to Auricular fibrillation, enlarged heart and diabetes

Due to

Other Conditions Renal failure and senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Frumpkin M. D.
Address Maryland General Hospital Date signed 2-10-41

I hereby certify that the above is a true and correct copy of the information shown on the original record of death filed with the Bureau of Vital Statistics, Baltimore City Health Department. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7417 CC 62667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a ✓ F 7417 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days. 1943
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 S. Parrish St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1907

8. AGE: Years	Months	Days	If less than one day
33	3	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state) ?
10. Usual Occupation ?
11. Industry or business

FATHER 12. Name	Edward Morris
13. Birthplace	Ireland
MOTHER 14. Maiden Name	Margaret Conroy
15. Birthplace	Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Feb. 11, 1941 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Charles Cemetery Pikesville
Location
18 (a) Funeral director Harry H. Wetzke
(b) Address 4101 Edmondson Ave
19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1941, at 5 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1941, to 2-9 1941, and that I last saw h~~er~~ alive on 2-9 1941.

Immediate cause of death	Duration
Carcinoma of ovary & metastasis	1yr ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Sidney R. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 2-10-41

VSR

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

77418 — F 77418 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 S. Catherine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 S. Catherine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 5-8 years

3 (a) FULL NAME Henry Ripke

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-3818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	married

6 (b) Name of husband or wife Emma Yingling Ripke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64	3	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Montgomery Ward + Co

FATHER
12. Name Henry Ripke
13. Birthplace Germany

MOTHER
14. Maiden Name Harold Oeke
15. Birthplace Germany

16 (a) Informant Mrs. Emma Ripke
(b) Address 141 S. Catherine St

17 (a) Burial (b) Date thereof Feb. 11/41. (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. + Longwood

18 (a) Funeral director Harry A. Kittle
(b) Address 401 E. Edmondson ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

YS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/8 1941, at 4 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Feb 8 1941, and that I last saw h[illegible] alive on 2/8 1941.

Immediate cause of death: Carcinoma of Rectum — Duration: 1 yr.
Due to: Mal Metastasis to Liver
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A Eaton M. D.
Address 2145 W Balto St Date signed 2/11/41

Physicians: please write the causes of death clearly and legibly. Accuracy is especially important.

F 77419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

✓ F 77419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5909 Lefton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5909 Lefton Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred L. Mettam

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Russel H. Mettam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1899

8. AGE: Years	Months	Days	If less than one day
41	7	5	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Geo. Patterson
13. Birthplace Md

MOTHER
14. Maiden Name Blonde Merfield
15. Birthplace Md

16 (a) Informant Russell H. Mettam
(b) Address 5909 Lefton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12/41 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Interring for Pikesville, Md

FEB 13 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1940, to Feb 9 1941, and that I last saw h[e]r alive on Feb 9 1941.

Immediate cause of death Carcinoma of Cervix — Duration 6 mos?

Due to

Due to

Other Conditions Acute myocarditis with pulmonary edema — 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Cervix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Robinson M. D.
Address 2835 Gwynns Falls Pkway Date signed 2/10/41

F. 77419. Please answer all questions. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

77420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133-a

Registered No. F 77420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Johns Hopkins
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 12 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. Lafayette Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clementine Harmison

3 (b) If veteran, name war

3 (c) Social Security Account No 220-07-3579

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5. 1906.

8. AGE: Years	Months	Days	If less than one day
35		5	hr. min.

9. Birthplace Cumberland, Md
(Town, county, and state)

10. Usual Occupation Telephone Operator

11. Industry or business

FATHER
12. Name Edgar J. Harmison
13. Birthplace West Virginia

MOTHER
14. Maiden Name Ida Brookman
15. Birthplace Maryland

16 (a) Informant Father
(b) Address

17 (a) Burial (b) Date thereof 2-11-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters & St. Paul's
Location Cumberland, Maryland
(a) Funeral director John O. Mitchell's & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

F6817 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1941, at 8.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1941 to 2/10 1941, and that I last saw her alive on 2/10 1941.

Immediate cause of death: Pulmonary edema — Duration

Due to ? Hypertension w uremia

Due to ? subacute Bact. Endocarditis

Other Conditions ? cirrhosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry J. Clemfelter M. D.
Address Johns Hop. Date signed 2/11

VS 2

7421 Albert R. Creswell V F 77421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 Francis St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Francis St
(If rural give location)
(e) ~~If foreign born, how long in U. S. A.~~ 64 years

3 (a) FULL NAME Albert E. Creswell 215-09-3686

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wh	Married

6 (b) Name of husband or wife Jennie E. Creswell

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Apr. 11 76

8. AGE: Years	Months	Days	If less than one day
64	9 10	29	hr. ..... min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation Ret. Asst Sup

11. Industry or business Motorman

FATHER
12. Name Wm Creswell
13. Birthplace Car. Co. Md.

MOTHER
14. Maiden Name Martha Bamie
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs A. E. Creswell
(b) Address 2519 Francis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Lamb's Carroll Co
Location .....

18 (a) Funeral director J. S. Gluntz
(b) Address 539 Fall Rd

19 (a) Date rec'd by registrar (b) Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 10 1941 at 10.25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1918 to Feby 10 1941, and that I last saw h alive on Feby 10 1941.

Immediate cause of death	Duration
Cardiac - Hemiplegia	12 hrs
Due to Arterio-sclerosis	8 yrs
Due to Pigment allegation of Angina Pectoris	Many years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature C. A. Smith M.D.

Address 1605 N. Howard St Date signed 2/10/41 M. D.

correct as to especially important. Physicians: please write the causes of death clearly and legibly.

77422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 77422 Registered No. 471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hosp. 4 E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael P. Roesell - Dead

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-01-0169

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Lena Roesell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1884

8. AGE: Years	Months	Days	If less than one day
56	6	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Roesch
13. Birthplace Germany

MOTHER
14. Maiden Name Abendorf
15. Birthplace Germany

16 (a) Informant Lena Roesell
(b) Address Marlyn Ave Essex Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-41 (month) (day) (year)
(c) Cemetery or crematory Dacus Hunt
Location Baltimore Md

18 (a) Funeral director Dunnaway & Covington
(b) Address 2 W 2 St.

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9-41 19 , at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-27 1941, to 2-9 1941, and that I last saw h alive on 2-9 1941.

Immediate cause of death Malnutrition & cachexia — Duration 2 mon

Due to Carcinoma of the lung — 2 yrs.

Due to

Other Conditions Pleural effusion, bilateral — 6 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harris Waughan M. D.
Address University Hosp. Date signed 2-9-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. E 77423

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Edward Lewis

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Henrietta C Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23-1869

8. AGE: Years	Months	Days	If less than one day
71	4	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Harry Lewis
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Henrietta C Lewis
(b) Address 3100 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-41 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial
Location Baltimore Md

18 (a) Funeral director Durwood A Covington
(b) 2124 W Lexington St

FEB 11 1941

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 845 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Coronary Occlusion. — Duration

Due to ✓

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L Pelfrick M.D. Medical Examiner.
Date signed 2/10/41

F 77424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77424
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen. Hospt. 27-3
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 5
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Lanier ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr George H. Burgess

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Emma Burgess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1869
8. AGE: Years 71 | Months 6 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Foreman Painting Shop
11. Industry or business Retired

FATHER
12. Name Benjamin F. Burgess
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rebecca Hart
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Edith Peppler
(b) Address 3102 Lanier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Reisterstown Rd.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Md.

19 (Date received) FEB 11 1941 (Signature of Registrar) Irving T. Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 11.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1941, to Feb 9 1941, and that I last saw h~~im~~ alive on Feb 9 1941.

Immediate cause of death	Duration
Bronchopneumonia	
Due to agranulocytosis & anemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wallenstein M. D.
Address W. 13.7 H. Date signed Feb 9, 1941

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 77425

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 S. WASHINGTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. WASHINGTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ROBERT W. KIRBY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CATHERINE KIRBY

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) AUG. 15 1869

8. AGE: Years 71 | Months 5 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation RETIRED CAN MAKER

11. Industry or business BOYLE CAN CO.

FATHER
12. Name ROBERT KIRBY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARYANN MONROE
15. Birthplace BALTO.

16 (a) Informant CATHERINE KIRBY (WIFE)
(b) Address 126 S. WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 12/41 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Liles INC.
(b) Address 403 S. WOLFE ST.

19 (Date) 2/11 1941 rec'd by registrar Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 9 1941, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Feb 9 1941, and that I last saw him alive on Feb 9 1941.

Immediate cause of death: Uraemia

Due to Chr Nephritis

Due to Chr. Arthritis - Myocarditis

Duration: 3 days; 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac J. Jennings

Address 1007 E. Pratt St. Date signed 2/12/41

Please write the causes of death clearly and legibly. Physicians: please write especially important. Information should be carefully supplied. The correct age, color, and place of birth are very important.

F 77426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 77426 Registered No.

DH 63470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Orleans st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenore esther Harper Birth F 12017

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife (xx)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1940

8. AGE: Years	Months	Days	If less than one day
	6	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James Harper
13. Birthplace Penn.

MOTHER
14. Maiden Name Henrietta Williams
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 2 12 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) FEB 11 1941 (Date rec'd by registrar) Interring for Williams & Jackson

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1941, at 7:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8-41 19 , to 2-9 19 41 and that I last saw her alive on 2-9 19 41.

Immediate cause of death	Duration
Bronchopneumonia (Primary)	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Lee Schaumberg M. D.
Address 3408 Eutaw St. Date signed 2/10/41

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

✓ F 77427

Registered No.

60804-DH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 n Monument St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wardell Brice

3 (b) If veteran, name war	3 (c) Social Security Account No. 705-10-9488

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1912

8. AGE: Years	Months	Days	If less than one day
28	11	9	hr. min.

9. Birthplace S.Car.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel Co.

FATHER
12. Name Willie Brice
13. Birthplace S. C.

MOTHER
14. Maiden Name Carrie Strong
15. Birthplace S. C.

16 (a) Informant Records
(b) Address Baltimore City Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941 (month) (day) (year)
(c) Cemetery or crematory Chester A & S Co.
Location

18 (a) Funeral director Robert E Williams
(b) Address 1514 W Baltimore St.

19 (a) FEB 11 1941 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1941, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1940, to 2-10 1941, and that I last saw him alive on 2-10 1941.

Immediate cause of death: Tuberculosis of the 3rd & 4th lumbar vertebrae — Duration: 6 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp Date signed 2-11-41

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 77428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77428 ✓ 93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 S. Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernadine Keilholtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward D. Keilholtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1892

8. AGE: Years	Months	Days	If less than one day
48	4	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Wiegard
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary A. Blum
15. Birthplace Baltimore County, Md.

16 (a) Informant Mr. Edward D. Keilholtz
(b) Address 111 S. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1941 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

19 (a) FEB 11 1941 (b) [illegible] Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1941; at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1941, to 2-9 1941, and that I last saw her alive on 2-8 1941.

Immediate cause of death: Cardiac Failure — Duration:
Due to: Hypertensive Cardiovascular Disease
Due to:
Other Conditions: Cellulitis of thigh
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Zeli M. D.
Address Franklin Sq. Hosp. Date signed 2-9-41

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 7742 9 Registered No. 108

7742 9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 N. Calvert
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 2
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bettie (Hillman) Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25 1865

8. AGE: Years 75 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Williamsburg Va (Town, county, and state)

10. Usual Occupation Nothing

11. Industry or business

FATHER
12. Name Chas H. Hillman
13. Birthplace Va.

MOTHER
14. Maiden Name Maria Scott
15. Birthplace Williamsburg, Va.

16 (a) Informant Marie M. Kyselka
(b) Address 2007 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-41 (month) (day) (year)
(c) Cemetery or crematory Williamsburg, Va
Location

18 (a) Funeral director Robert J. Young
(b) Address 2047 Harford Ave

19 (a) FEB 11 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8, 1941, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941 to Feb 8 1941 and that I last saw h[illegible] alive on Feb 8 1941.

Immediate cause of death Acute Lobar Pneumonia — Duration Feb 6 1941

Due to /

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo S Allen
Address 50 Augusta St Date signed 2-11-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

77430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. F 77430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 E. Lake Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Hugg

3 (b) If veteran, name war ..... | (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife William S. Hugg
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1873

8. AGE: Years	Months	Days	If less than one day
68	--	--	..... hr. ..... min.

9. Birthplace Lexington, Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John H. Deeton
13. Birthplace Va.

MOTHER
14. Maiden Name Ann Nuckols
15. Birthplace Va.

16 (a) Informant William S. Hugg
(b) Address 208 E. Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1941 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Greenmount
Location North & Greenmount Aves. Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

FEB 11 1941 (Date rec'd by Registrar) Hunting for Mitchell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1941, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1941 to 2-9 1941, and that I last saw her alive on 2-9 1941.

Immediate cause of death Carcinoma 2 stomach
Post operative shock — Duration year? Post 3 days.
Due to .....
Due to .....
Other Conditions Hypertensive cardio vascular disease.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma stomach
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature R. B. Means M. D.
Address University Hospital Redwood & Greene Sts Date signed 2-9-41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77431 Rlog 2000 669 ✓ F 77431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No.

The information should be carefully supplied. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 E. Eager st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
M	W	widowed.

6 (b) Name of husband ~~or wife~~ of the late Mary T. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
71				

9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation Laborer in Water Dept
11. Industry or business

FATHER
12. Name John J. Zimmerman
13. Birthplace Iowa

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Margaret Burns daughter
(b) Address 3003 Erdman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Woelfe & Son Inc
(b) Address 1201 E. Eager St.

19 (a) (Date received by registrar) (b) Hunting for Williams, M.D. Registrar

FEB 11 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1941, at 12 47 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Multiple fractures
Coronary Intermediate
Due to Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/5/41
(c) Where did injury occur? North Ave. Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature H. W. Wandel Grafe M.D.
Medical Examiner.
Date signed 2/9/41

77432 Ayd ✓ F 77432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 E. Monument St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 E. Monument St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles J. Ayd
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-03-7920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-6-1893

8. AGE: Years	Months	Days	If less than one day
47	9Mo.	5Days	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Payroll clerk
11. Industry or business at Bethleham Steel.Co.

FATHER
12. Name Dr. John Ayd
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Kircher
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Margaret Ayd
(b) Address 1935 E. Monument St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hooker Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) Filed FEB 11 1941 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941, at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941, to Feb 11 1941, and that I last saw him alive on Feb 11 1941.

Immediate cause of death — Duration

Tracheobronchiolitis — 3 days

Due to

Due to

Other Conditions Rheumatic Cardiovascular Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Edwin Schenkel M.D.
Address Mercy Hospital Date signed 2/12/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7743:3 Mr. Jarrett 1115 St. Paul St Ver 0340 ✓ F 77433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a Registered No. F 77433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Aged Women's - Aged Mens' Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Shea

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29th 1851

8. AGE: Years	Months	Days	If less than one day
89	4	10	hr. min.

9. Birthplace Dublin Ireland (Town, county, and state)
10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name William Shea
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Reilly
15. Birthplace Scotland

16 (a) Informant Records Aged Women's - Mens' Home
(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/11/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (Date rec'd by registrar) FEB 11 1941 Huntington-Williams Corp

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9th 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/27 19 , to 2/9/41 19 , and that I last saw him alive on 2/8/41 19 .

Immediate cause of death: Carcinoma of the larynx — Duration: about 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos B Jarrett
Address 1115 ~~St. Paul St.~~, City. Date signed 2/10/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

John Miller (Malecki)

F 77434

BALTIMORE CITY HEALTH DEPARTMENT 93D ✓ F 77434 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 S. Robinson St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 S. Robinson St. (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME John Miller (malecki)

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. —

4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Agnes
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Oct-1894

8. AGE: Years 46 | Months 4 | Days | If less than one day ... hr. ... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Pensioned Veteran

11. Industry or business

FATHER
12. Name Wm. Malecki Unknown
13. Birthplace Poland Unknown

MOTHER
14. Maiden Name Kanisewa Unknown Jankowska
15. Birthplace Poland Unknown

16 (a) Informant Agnes Miller
(b) Address 329 S Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Odonnell St. Est.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) FEB 11 1941 (Date rec'd by Registrar) (b) [illegible] for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9th 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1940, to Feb 9 1941 and that I last saw h[illegible] alive on Jan 31st 1941.

Immediate cause of death: Acute Pulmonary Edema — Duration: 1 day
Due to Myocardial degeneration and Hypertension — Duration: Unknown
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. P. Rey M. D.
Address 24 S. Bway. Date signed Feb 11/41
Howard J. Malecki, med. chief medical Examiner per Dmtc.

CORRECTIONS—WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77435

F 77435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sadie Flemister

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Hugh B. Flemister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Clardy
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary A McCall
15. Birthplace Ireland.

16 (a) Informant Hospital Records
(b) Address St Agnes Hospital

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Cooksville
Location Baltimore

18 (a) Funeral director J. Tyler Bane
(b) Address 1308 Light St

19 (a) Date received by local registrar FEB 11 1941 (b) [illegible] Registrar

Reading to Baltimore, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1941, at 630 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24/41 to 2/9/41 and that I last saw her alive on 2/9/41.

Immediate cause of death: Pulmonary embolus. — Duration

Due to Comminuted fracture of left surgical neck and head of humerus.

Due to Dislocation of head of humerus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Comminuted fracture and dislocation of head of
Of autopsy surgical neck of left humerus.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1/24/41
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? no (Specify type of place)
(e) Means of injury Fell on steps of grocery store.

23. Signature James N. Cianos M. D.

Address St Agnes Hosp Date signed 2/9/41

Wm B. Vanderpuitt, M.D. per D.M.W.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77436 ✓ F 77436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1542 S. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA VIRGINIA STRICKLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Charles W Strickler
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1856

8. AGE: Years	Months	Days	If less than one day
84	4	24	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business own home

FATHER
12. Name Ezra Lessner.
13. Birthplace Md.

MOTHER
14. Maiden Name Drucella Dorsey
15. Birthplace Md

16 (a) Informant Mrs W Russell
(b) Address 1542 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Dulaney Nathanael
Location Baltimore

18 (a) Funeral director J J Tobey Sons
(b) Address 1318 Light St.

19 (a) FEB 11 1941 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941, at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Cause	Duration
Immediate cause of death: Arteriosclerotic heart disease	5 weeks
Due to: Fracture of right femur	8 mo
Due to:	
Other Conditions: senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 16, 1940
(c) Where did injury occur? above address (City or town) 2 (County) 2 (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell out of bed

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 2-10-41

VS 6

F 77437

60515 SD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 77437

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals (Infirmary)
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Kirby

3 (b) If veteran, name war I

3 (c) Social Security Account No. 217-05-0148

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1872

8. AGE: Years	Months	Days	If less than one day
68	4	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Barrell factory

11. Industry or business Caroline Street

FATHER
12. Name Thomas
13. Birthplace Ireland

MOTHER
14. Maiden Name Fannie Batters
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Baselow St.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1318 Light St. Baltimore, Md.

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9- 1941, at 3 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30- 1940, to 2-9- 1941, and that I last saw h alive on 2-9- 1941.

Immediate cause of death Bronchopneumonia — Duration ?

Due to Gen. A-S. — ?

Due to — ?

Other Conditions — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jonas Goldstein M. D.
Address Balto City Hosp. Date signed 2-11-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 156a

F 77438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Orleans (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Bracy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Leonard Bracy
13. Birthplace VA

MOTHER 14. Maiden Name Mabel Bracy
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
(b) Address COMMISSIONER OF HEALTH

19 (a) FEB 11 1941 Per M. A. Moore Huntington Millington, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 10 - P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9- 1941, to 2-9 - 1941, and that I last saw him alive on 2-9 - 1941.

Immediate cause of death: Peritonitis — Duration: ? 2 days ?
Due to: Septicemia
Due to:
Other Conditions: Pyarthrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy Pollock M. D.
Address Johns Hopkins Date signed 2-10-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77439
391812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. 77439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1649 Abbott (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hobie Jefferson Rehever Jeffress

3 (b) If veteran, name war

3 (c) Social Security Account No. 230-02-6067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-03

8. AGE: Years	Months	Days	If less than one day hr.	min.
37	5	16		

9. Birthplace VA (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name John Jeffress ~~Jeffeason~~
13. Birthplace VA

MOTHER
14. Maiden Name Lizzie
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941

18 (a) Funeral director COMMISSIONER OF HEALTH
(b) Address Per H. A. Moore

19 (a) FEB 11 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN-30 1941, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 18 1941, to JAN 30 1941, and that I last saw him alive on JAN 30 1941.

Immediate cause of death Lobar pneumonia, left lower lobe and right lower lobe. — Duration 12 days

Due to Type 8 pneumococcus

Due to

Other Conditions Cirrhosis of the liver

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sam P. Asper, Jr.
Address Johns Hopkins Hospital Date signed 1-31-41 M. D.

VS 3

6253

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 77440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-2 dor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 554 Wilson st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JONAS HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1940

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) FEB 11 1941 Registrar Virginia Williams M.D.
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1941, at 4 00

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy, find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, Lobular	10 days
Due to Influenza	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner

Date signed 2-7-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. E 77441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 N Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Strieker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Watkins Birth F 3176

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			18 hr. 30 min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Josephus Green
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Clora Watkins
15. Birthplace N Carolina

16 (a) Informant Clora Watkins
(b) Address N Carolina

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) FEB 11 1941 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5th 1941, at 8 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intracranial Birth Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Vanderhoff M.D. Medical Examiner
Date signed 2/9/41

VS 6

PRINT ALL ENTRIES PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170 C ✓ Registered No. 77442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Inmate of City Hospitals (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Yaste ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Kenna

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4- 1941, at 6:15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Lobular Pneumonia
Due to
Due to
Other Conditions Fractured Tibia
Lacerated Hematoma
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-15-40 26-5
(c) Where did injury occur? 4900 block Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian, struck by Automobile

23. Signature Howard J. Masson M.D. Medical Examiner
Date signed 2-4-41

FURNISH DATA CLEARLY, WITH INKING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 771

Registered No. F 77443

77443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Love Point Ferry Engineer Res. Quarters Lighthouse
(d) Length of stay in hospital or inst. (yrs., mos. or days) 22-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sherwood Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
30 ?			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941

18 (a) Funeral director Commissioner of Health
(b) Address Per H. L. Moore

19 (a) FEB 11 1941 (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2, 1941, at 1 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner
Date signed 2-2-41

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163 H

Registered No. 77441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1320 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Hopkins.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
35			hr. min

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) FEB 11 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1941, at 7:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 1/26/41
(c) Where did injury occur? 1320 Linden Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Running Water (Specify type of place) While at work? No
(e) Means of injury Gas from unlit burner - bed room

23. Signature Wm H. Anderson M.D.
Medical Examiner
Date signed 1/28/41

Every item of information should be carefully supplied, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 77445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

F 77445 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2342 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County *****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2342 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Catharine M.Claus

3 (b) If veteran, name war -----

3 (c) Social Security Account No. 218-09-4392-B

4. Sex: Female | 5. Color or race: Wht. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles W.Claus
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan.9,1868

8. AGE: Years 73 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Balto.Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Louis Reese
13. Birthplace Grmany

MOTHER
14. Maiden Name Catharine Hirschling
15. Birthplace Germany

16 (a) Informant Charles W.Claus
(b) Address 2342 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.13,1941 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George W.Little
(b) Address 2700 Edmondson Ave.

19 FEB 11 1941 (Date rec'd by Registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1941, at 2.00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1927, to Feb. 10, 1941, and that I last saw her alive on Feb 8, 1941.

Immediate cause of death	Duration
Acute cardiac dilatation	1 1/2 days
Due to Valvular heart disease	ca. 14 yrs.
Due to Partially to polyarthritis	ca. 14 yrs.
Other Conditions Carcinoma of the uterus (Include pregnancy within 3 months of death)	ca. 1 yr.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1203 W. Fayette St. Date signed 2-11-41

F 77446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No. F 77446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. Washington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Charles O'Hara (63027)

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 27, 1893
8. AGE: Years 47 | Months 2 | Days 12 13 | If less than one day: hr. min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER
12. Name Charles O'Hara
13. Birthplace Balto.

MOTHER
14. Maiden Name Rose Kairn
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1941 (month) (day) (year)
(c) Cemetery or crematory New Natural Cem. Co.
Location Frederick Road
18 (a) Funeral director S. Walter May
(b) Address 619 N. Bouldin St
19 (a) Filed (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1941, at 11:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1941, to Feb. 9, 1941, and that I last saw him alive on Feb. 9, 1941.

Immediate cause of death: Pulmonary tuberculosis — Duration: About 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Martha F. Leonard M. D.
Address Balto. City Hospitals Date signed 2-9-41

Huntington Williams, M.D.

Please see that all information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important.

B 77447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 77447
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Woodbourne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa C. Doyle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Peter C. Doyle
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 16th 1880

8. AGE: Years	Months	Days	If less than one day
60	8	24	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Francis R. Kirwan
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emily Tosph
15. Birthplace Balto Md.

16 (a) Informant Peter C. Doyle
(b) Address 512 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 FEB 11 1941 (Date rec'd by Registrar) (b) Hunter Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10th 1941, at 11:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2:7:41. 19..., to 2:10: 1941, and that I last saw her alive on 2:10:41 19...

Immediate cause of death Pulmonary Edema — Duration 10 hrs
HEART-
Chronic Myocarditis
Due to
Due to
Other Conditions Renal Dis. Obesity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify one) While at work?
(e) Means of injury

23. Signature L. M. Thomas Johnson M.D.
Address 5217 York Rd Date signed 2:11:41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134a

Registered No. 77448

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1629 McKeans Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1629 McKeans Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elijah H Lynch

3 (b) If veteran, name war no

3 (c) Social Security Account No. 216-09-2704

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of ~~husband or~~ wife Annie E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 - 1879

8. AGE: Years 61 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Supt of Bldg

11. Industry or business

FATHER 12. Name William W. L.

13. Birthplace Delaware

MOTHER 14. Maiden Name Annie Mitchell

15. Birthplace Delaware

16 (a) Informant Mrs Anna E. Lynch

(b) Address 1629 McKeans Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-41 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location " Md

18 (a) Funeral director Williams Cook

(b) Address 1217 St Paul St.

19 (a) FEB 11 1941 (Do not write in this space) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1941, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940, to Feb. 11 1941, and that I last saw him alive on Feb. 10 1941.

Immediate cause of death Chronic myocarditis — Duration 3 Yrs.

Due to

Due to

Other Conditions Nephrolithiasis -

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Edward Novak M. D.

Address 101 W. Read St. Date signed Feb. 11-41

VS 3

77443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 W ✓ Registered No. E 77443

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 Homestead st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 - 5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Homestead st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Hesson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Annie M. Hesson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13th 1851

8. AGE: Years	Months	Days	If less than one day
89	7	27	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation R. R. Engineer
11. Industry or business W. M. R. R.

FATHER
12. Name John Hesson
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Devilbiss
15. Birthplace Md.

16 (a) Informant Mrs Annie Hesson
(b) Address 1334 Homestead st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13-41 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) FEB 11 1941 (Date received by registrar) (b) Huntington Hillianus M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10th 1941, at 7.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941, to Feb. 10 1941, and that I last saw ~~him~~ her alive on Feb 10 1941.

Immediate cause of death	Duration
Chronic Cardio renal disease	Yrs.
Due to Arteriosclerosis	
Due to Terminal pneumonia	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C N Hesson M. D.
Address 1520 E 33rd Date signed Feb 11 1941

77450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. F 77450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo 13da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo 13 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Memphis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Ethlyn Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Will A. Sparks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ora G. Parham
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1886

8. AGE: Years	Months	Days	If less than one day
54	1	25	hr. min.

9. Birthplace Memphis, Tennessee
(Town, county, and state)
10. Usual Occupation Tankerman - Barge #1309
11. Industry or business

FATHER
12. Name Will Sparks,
13. Birthplace Unknown.

MOTHER
14. Maiden Name Annie Downs,
15. Birthplace Louisiana.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 2-11-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Memphis Tenn
Location

18 (a) Funeral director Wiseman Bros
(b) Address 1217 St. Paul Street Huntington Williams, W. Va.

19 FEB 11 1941 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1941, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1941 to Feb. 10, 1941, and that I last saw him alive on Feb. 10, 1941.

Immediate cause of death	Duration
Acute pulmonary hemorrhage	Terminal
Due to Carcinoma bronchogenic	7 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bronchoscopy; biopsy, lt. Thoracotomy, lt. lung
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify home, farm, or place)
(e) Means of injury

23. Signature J. Williams M. D.
Address US Marine Hospital Baltimore, Md. Date signed 2/11/41

V8 3

Please write in ink. Physicians: please write the causes of death clearly and legibly. Be sure that every item of information should be carefully supplied. Correct age is especially important.

77451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 77451 Registered No.

The ... WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Winchester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Winchester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BLANCHE BAKER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife: Sylvester Baker
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 10th, 1892

8. AGE:	Years	Months	Days	If less than one day
	48	9	8	hr. min.

9. Birthplace: Pennsylvania (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: Charles Klein
13. Birthplace: Penn.

MOTHER
14. Maiden Name: Amelia Enders
15. Birthplace: Penn.

16 (a) Informant: Husband Sylvester
(b) Address: above address

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-11th-1941 (month) (day) (year)
(c) Cemetery or crematory Trenton N. J.
Location

18 (a) Funeral director: Bernard C. Hahn
(b) Address: 121 E West St

19 (a) FEB 11 1941 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11th 1941, at 12:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D. Medical Examiner.
Date signed Feb 17, 1941

77452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 123

Registered No. E 22452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County Baltimore
(c) City or town Relay - Relay
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hazel & Elm Streets.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MRS. BERTHA M. FOSSETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George A. Fossett
6 (c) If alive, give age 3 years

7. Birth date of deceased (mo., day, yr.) Feb. 27. 1876

8. AGE: Years	Months	Days	If less than one day
65	11	14	— hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas Minson
13. Birthplace Virginia.

MOTHER
14. Maiden Name Cecilia Ward.
15. Birthplace Virginia.

16 (a) Informant Mr. Charles A. Meese
(b) Address Hazel & Elm Sts. Relay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Woodlawn, Maryland

18 (a) Funeral Director T. Bulgart & Son
(b) Address 1900 Eutaw Place

19 (a) Filed (Date received by registrar) Huntington Williams, M.D. Registrar

FEB 11 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11-41, 19 ., at 6:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5 1941, to 2-11 1941, and that I last saw her alive on 2-11 1941.

Immediate cause of death	Duration
Respiratory failure	
Due to Mastoid - intracranial hemorrhage	7 days
& severe anemia	
Due to " malignancy	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 2-11-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied.

F 77453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ Registered No. F 77453

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1046 Patapsco Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1046 Patapsco Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN H. MAURER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 29, 1870

8. AGE: Years	Months	Days	If less than one day
71	--	13 10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Ferdinand Maurer
13. Birthplace Germany

MOTHER
14. Maiden Name Recka N ellinger
15. Birthplace Germany

16 (a) Informant Mrs. Carrie E. Kuester
(b) Address 1644 S. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director E. G. Nippert & Son
(b) Address 1300 EUTAW PLACE
Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 11 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 9 1941, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940 to Feb. 9, 1941, and that I last saw him alive on Feb. 9, 1941.

Immediate cause of death Broncho Pneumonia — Duration 6 days
Due to Chronic Bronchitis myocarditis — Duration Months
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ****
(b) Date of occurrence ****
(c) Where did injury occur? **** (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --- (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Norris, M.D.
Address 107 E. West St. Date signed 2/10/41

Please correct age as especially important. Physicians: please write the causes of death clearly and legibly. Information supplied by undertaker or carefully supplied

F 77454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87 ✓ F 77454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 4
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 64 years

3 (a) FULL NAME Otilie Amanda Redtmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1865

8. AGE: Years	Months	Days	If less than one day
75	11	17	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Christian Redtmann
13. Birthplace Germany

MOTHER
14. Maiden Name Justine Black
15. Birthplace

16 (a) Informant Mr. J. George Waltz sect'y (b) Address Redtmann Home yr S. Athol

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cemetery
Location O'Donnell St.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) FEB 11 1941 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10/41 19 at 2:30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1/41 19 to Feb. 10/41 19, and that I last saw her alive on Feb. 7/41 19.

Immediate cause of death — Duration

Multiple Sclerosis — Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Weerschauer M. D.
Address 933 Hanover St. Date signed Feb 11/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77455 ✓ F 77455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2652 Oswego Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 ~~15~~
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2652 Oswego ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis H. Levinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: W.
6 (b) Name of husband or wife: Late Lena
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870 ~~1865~~
8. AGE: Years ~~71~~ ~~75~~ | Months | Days | If less than one day: hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Mrs Maurice Golson
(b) Address 2652 Oswego ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12/41 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: 3600 E Baltimore St
18 (a) Funeral director: Sol Levinson & Bros
(b) Address 1124-26 W. North ave
19 (a) [illegible] (b) Huntington Williams, M.D.

FEB 11 1941
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1941, at 7 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1941, to Feb. 11 1941, and that I last saw him alive on Feb. 10 1941.

Immediate cause of death: Cerebral Hemorrhage — Duration: 48 hours
Due to: Hypertension and
Due to: arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Leonard Gaspe M. D.
Address 3101 W. Baltimore St Date signed 2/11/41

VS 3

Please see that all information above is carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 77456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a Registered No. E 77456

The Form VS 3 ... PRINT IN UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave
(c) Hospital or institution: Sinai Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Lemmon st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Jessop (Anna P Jessop)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1865

8. AGE: Years 76 | Months 1 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Woman
11. Industry or business

FATHER
12. Name James Price
13. Birthplace Maryland

MOTHER
14. Maiden Name Not Known
15. Birthplace Maryland

16 (a) Informant Mt Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Joyce A Farley
(b) Address Fulton & Fayette

19 (a) FEB 11 1941 Registrar

Funeral Director for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1941, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8 1941, to 2-7 1941.
and that I last saw her alive on 2-5 1941.

Immediate cause of death: Coronary decompensation — Duration: 7

Due to Degen Cardio-Vas Dis

Due to Arteriosclerosis

Other Conditions Ca of Cervix
C metastasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Parks M. D.
Address St Agnes Hosp Date signed 2/9

77457

BALTIMORE CITY HEALTH DEPARTMENT

CC 61947

CERTIFICATE OF DEATH

1937

F 77457

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 871 W. Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.?) years

3 (a) FULL NAME George Jordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1876

8. AGE: Years 64 | Months 7 8 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Abraham (a)

13. Birthplace ?

MOTHER

14. Maiden Name Allen Robinson

15. Birthplace ?

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 2-14-41 (month) (day) (year)

(c) Cemetery or crematory NW Auburn

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) ..... (Local registrar) (b) Huntington Williams M.D. (Undertaker)

FEB 15 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/9 1941, at 6 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1940, to 2-9 1941, and that I last saw him alive on 2-9 1941

Immediate cause of death	Duration
Hypostatic pneumonia arteriosclerotic Cardio-vascular disease	?
Due to Cardiac failure	6 wks
Due to Urinary retention due to urethral stricture	3 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Ehler Jr. M. D.

Address Baltimore City Hosp. Date signed 2-10-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133

F 77458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1091 N. Poppleton st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1091 N. Poppleton st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1937

8. AGE: Years	Months	Days	If less than one day
6	5	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

MOTHER / FATHER
12. Name Millard Hill
13. Birthplace S. Car
MOTHER
14. Maiden Name Rosella Bird
15. Birthplace S. Car

16 (a) Informant Millard Hill
(b) Address 1091 N. Poppleton st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by local registrar) (By) Entry for Williams MD (Registrar)

FEB 12 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1941 to Feb 10 1941 and that I last saw h[illegible] alive on Feb 10 1941.

Immediate cause of death: Lobar Pneumonia — Duration 2 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Watts M. D.
Address 515 N. Arlington Ave. Date signed 2/11/41

F 77459 F 77459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2337 Ducker Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2337 Ducker Court (If rural give location)
(e) If foreign born, how long in U. S. A.? 48 years

3 (a) FULL NAME Adam Benke

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Valeria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1867

8. AGE: Years	Months	Days	If less than one day
73	1	29	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Benke
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant (Mrs.) Valeria Benke
(b) Address 2337 Ducker Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

19 (a) [redacted] (Date received by Registrar) Huntington Williams, M.D. Registrar

FEB 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 5.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to Feb. 9 1941, and that I last saw h[illegible] alive on Feb 9 1941.

Immediate cause of death Carcinoma of stomach — Duration, 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Lipsitz, M. D.
Address 432 S. Bond St. Date signed 2/11/41

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

F 77460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a Registered No. F 77460

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Please write all information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 N. Wolfe st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 N. Wolfe st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William C. A. Forlifer

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Margaret Forlifer
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): May 27th 1864

8. AGE: Years: 77 | Months: 10 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Structural Iron Worker

FATHER
12. Name: Charles Forlifer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Kukaroon
15. Birthplace: "

16 (a) Informant: Roland Forlifer
(b) Address: 3623 Kimble Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Balto.
Location: " Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) FEB 12 1941 (Date received by registrar) Hunting for Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10th 1941, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 8 1941, to February 10 1941, and that I last saw him alive on February 10 1941

Immediate cause of death
General Arteriosclerosis
Cerebral Hemorrhage
Duration 20 days

Due to

Due to

Other Conditions Cardiac Decompensation 20 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M.D.
Address 2025 E North Ave Date signed 2/11/41

77461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

F 77461 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

12-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 E. 20th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Edwards Litz

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or~~ divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Francis Litz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1899

8. AGE: Years	Months	Days	If less than one day
41	1	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business At home

FATHER
12. Name Ernest T. Cookey
13. Birthplace Md.

MOTHER
14. Maiden Name Marion Hipsley
15. Birthplace Md.

16 (a) Informant Francis Litz
(b) Address 724 E. 20th St.

17 (a) Burial (b) Date thereof 2-14-41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

19 (a) FEB 12 1941 (b) Hurst & Son Reg. Balto. Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1941, at 2:06 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2nd 1941 to Feb 11 1941, and that I last saw her alive on Feb 11 1941.

Immediate cause of death: Medulloblastoma, precentral convolution — Duration: 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Medulloblastoma, precentral convolution
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ferdinand E. Chatard M. D.
Address Union Memorial Hosp Date signed 2-11-41

VS 3

77462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F. 77462

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Fleetwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Fleetwood
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William F. A Gail

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	M

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 2 1870

8. AGE: Years	Months	Days	If less than one day
70	9	8	hr. ..... min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Sheet Metal

11. Industry or business Ret

FATHER
12. Name Chas Gail
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Linde
15. Birthplace Germany

16 (a) Informant Lawrence Gail
(b) Address 2318 N Howard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 12/41 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2008 Aliceanna St

19 (a) ..... (b) Lexington Williams, Md

Date rec'd by registrar FEB 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 10 1941, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 4 1941 to Feby 10 1941, and that I last saw him alive on Feby 9 1941.

Immediate cause of death Acute Cardiac Dilatation — Duration Feby 10/41

Due to Chronic Myocarditis — a number of years

Due to ..... — a number of years

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury .....

23. Signature Morris B. Green M. D.
Address 3009 Evergreen ave Date signed 2/11/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77463

Dr J. Blake 9 Central ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

Registered No. 22163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 E. Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Coleman

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Wd.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1865

8. AGE: Years 76 | Months - | Days 4 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph William
13. Birthplace Va

MOTHER
14. Maiden Name Cathrine William
15. Birthplace Va

16 (a) Informant Laura V. Northern
(b) Address 1313 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-1941 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1462 E. Preston St

19 (a) FEB 12 1941 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9-1941, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/7 1941, to 2/9 1941
and that I last saw h alive on 2/8 1941.

Immediate cause of death: Cardio-Vascular disease - Angina Pectoris - Uremia
Due to: Age and overwork
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy No

Duration: Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake M.D.
Address 1327 N. Central Date signed 2/11/41

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1180 Registered No.

F 77464

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Fessenden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Holland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	colored	M (W.)

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
46				

9. Birthplace Wales (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cacon

18 (a) Funeral director A. Hahlead
(b) Address 918 Bond Ave

19 FEB 12 1941 (Date received by Registrar) (b) Registrar Hunting for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1941, at 12 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxia
Strangulation by hanging
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/9/41
(c) Where did injury occur? 702 (City or town) Fessenden St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Hung on fence

23. Signature Wm Wade Gill M.D. Medical Examiner.
Date signed 2/9/41

F 77465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1181 Registered No. F 77465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Fremont (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. McNulty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1911

8. AGE: Years	Months	Days	If less than one day
29	6	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Martin McNulty
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia McNicholas
15. Birthplace Ireland

16 (a) Informant Mrs. Delia McNulty
(b) Address 1916 E. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Balto. Co. Northern City
Location

18 (a) Funeral director J. A. Mozar
(b) Address 3007 E. Baltimore St. Huntington Apartments, Md.

19 (a) (Date received by Registrar) (b) Registrar

FEB 12 1941

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 4 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns
Exposure to cold
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/7/41 2 P.M.
(c) Where did injury occur? 900 N. Macon St. (City or town) Balto. (County) B & O R.R. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No (Specify yes or no)
(e) Means of injury Burns in auto accident - exposure to cold

23. Signature Wm. H. Anderson M.D. Medical Examiner
Date signed 2/9/41

TYPE OR PRINT ALL WITH UNFADING INK. Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly.

F 77466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. F 77466

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address NORTH BROADWAY

(c) Hospital or institution: CHURCH HOME & INFIRMARY

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 525 N. DECKER AVE (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MR. GEORGE LORBER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8219

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name ~~of husband or~~ wife MARY LORBER

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) DEC. 6, 1885

8. AGE: Years	Months	Days	If less than one day
(55) 65	2	4	..... hr. ..... min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation CLOTHING CLEANER

11. Industry or business

FATHER 12. Name JOHN LORBER

13. Birthplace BALTIMORE, MD.

MOTHER 14. Maiden Name MARY MEYERS

15. Birthplace BALTIMORE, MD.

16 (a) Informant MRS. MARY LORBER

(b) Address 525 N. DECKER AVE.

17 (a) Feb 13 41 (Burial, cremation, or removal) (b) ~~Date of~~ Burial (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director Jos. J. Sterrs & Sons

(b) Address 2201 Kentucky Ave

19 (a) FEB 12 1941 (Date rec'd by Registrar) (b) Registrar for Wilhelmina M.P. Hunter

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 10 1941, at 1:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 29 1941, to FEB. 10 1941, and that I last saw h/M alive on FEB. 10 1941.

Immediate cause of death Myocardial failure; pulmonary congestion.

Duration 2 days.

Due to .....

Due to .....

Other Conditions Carcinoma of lung - apex - operable.

(Include pregnancy within 3 months of death)

Major findings:

Of operation Carcinoma of lung - right.

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature W. H. Schumann M. D.

Address Church Home & Inf. Date signed 2-10-41

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 77467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 77467 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Harwell ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No 3206 N Harwell ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Elizabeth Dusman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm John Dusman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1880

8. AGE: Years 60 | Months 3 | Days 17 18 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John A Franz
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann Thomson
15. Birthplace Balto

16 (a) Informant Wm J Dusman
(b) Address 3206 Harwell ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 41 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Sterr & Son
(b) Address 3004 Kentucky ave

Feb 12 1941 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941; at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938 to Feb 11 1941, and that I last saw h[illegible] alive on Feb 11 1941.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs

Due to Hypertension Cardio Vascular Renal disease

Due to Age. Senility — years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Bayley M.D.
Address Chesterfield Ave & Bdld Date signed Feb 12 41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] of information should be carefully supplied. The

F 77468

F. 77468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE BLACK INK. WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2413 W. Lafayette Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 W. Lafayette Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HENRY CLAY HANN

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edith Irene Hann

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1871

8. AGE: Years 69 | Months 6 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Baltimore Transit Co.

FATHER
12. Name Henry Clay Hann
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah Yoeckel
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. J. Clifton Hann
(b) Address 2413 W. Lafayette Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

FEB 12 1941 Interim for Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1941, at 8 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Howard J. Maddox M.D.
Medical Examiner.

Date signed 2-10-41

VS 6

F 77469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 5307 Falls Road

Registered No. 131a

CITY OF BALTIMORE: (No. ..... St. 27-13 Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Henry Becker

If U. S. Veteran specify WAR ...

(a) Residence: No. 5307 Falls Road St., ... Ward ... S.S. No. 220-07-5971

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Reider Becker

6. DATE OF BIRTH (month, day, year) October 27, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	14	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Becker Petrol Baking Svc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) York, Penna.

FATHER

13. NAME David Becker

14. BIRTHPLACE (city or town) (State or country) York Penna

MOTHER

15. MAIDEN NAME Mary Barbara Reisler

16. BIRTHPLACE (city or town) (State or country) York Penna

17. INFORMANT David H. Becker

(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 12 1941

19. UNDERTAKER Wm. Michael Sons

(Address) North & Pa Ave

20. FILED ... 19... Beatrice Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1941

22. I HEREBY CERTIFY, That I attended deceased from January 2d 1938 to February 10 1941

I last saw him alive on February 9 1941 Death is said to have occurred on the date stated above, at 2.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Vascular Disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Grafton Hunsberger M. D.

(Address) 814 Medical Arts Bldg.

FEB 12 1941

* State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. F 77470

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3426 Mondawmin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 Mondawmin Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA BARTELS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Franz Bartels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1864

8. AGE: Years	Months	Days	If less than one day
76	1	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Kettler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. August C. Franz
(b) Address 3426 Mondawmin avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Pa. Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Maryland

FEB 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Feb 9 1941, and that I last saw her alive on Feb 9 1941.

Immediate cause of death	Duration
Bronchial pneumonia	3 days
Myocarditis about	2 mo
Due to Arteriosclerosis about	5 yrs
Due to	
Other Conditions Pernicious anemia	2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter S. Tickner M. D.
Address 2220 Harlem Date signed Feb. 12 41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48B

F 77471

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 E. 41st St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 E. 41st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Loretta Santry.

3 (b) If veteran, name war none

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife F. DeSales Santry.

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug. 27/895

8. AGE: Years 45 | Months 5 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William E. Brown
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Mary Fanning
15. Birthplace Baltimore.

16 (a) Informant F. DeSales Santry.
(b) Address 715 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 441 Park Heights.

(a) FEB 12 1941 (Date rec'd by registrar) **(b)** Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1941, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20, 1940, to Feb. 10 1941, and that I last saw her alive on Feb. 9, 1941.

Immediate cause of death	Duration
Cachexia	5 mo.
Due to Carcinoma of Uterus with metastasis.	9 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of Uterus Dilatation & Curettement done
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd C. Saylor, M.D.
Address 3902 Greenmount Ave. **Date signed** Feb 11, 41

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. THE CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied.

F 77472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 77472
Registered No.

The ... with ... ink. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 N. Augusta Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N. Augusta Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Martin M. Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1864

8. AGE: Years	Months	Days	If less than one day
76	2.	27	hr. min.

9. Birthplace Harrisburg, Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Martin Quinn
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Mulrey
15. Birthplace Ireland

16 (a) Informant Mrs. Edmond L. Bossle
(b) Address 601 N. Augusta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1941 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Govans, Balto. City

18 (a) Funeral director C. Vernon Lehman
(b) Address 4611 Park Heights

12 (a) (Date rec'd by registrar) Keating for Williams M.D.
FEB 12 1941
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 6 1941, to Feb. 10 1941, and that I last saw h[illegible] alive on Feb. 10 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Kupp M. D.
Address 2030 Edmondson Ave. Date signed Feb. 10

F 77473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161 C

Registered No. F 77473

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 E Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Rosalind Williams — Birth F 73480

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1941

8. AGE: Years | Months | Days 9 8 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Lloyd Williams
13. Birthplace Petersburg Virginia

MOTHER
14. Maiden Name Grace Rosalind Brown
15. Birthplace Sparrows Point Md.

16 (a) Informant Mrs Grace Williams
(b) Address 1529 E Preston St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Anatomical Purposes

18 (a) Funeral director
(b) Address

19 (a) 2 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1941, at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29-1941, to 2-7-1941, and that I last saw h alive on 2-7-1941.

Immediate cause of death: Acute Nephritis — Duration

Due to (Eclampsia in Mother)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B Butler M. D.
Address Provident Hospital Date signed 2/10/41

VS 3

(over)

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77471

BALTIMORE CITY HEALTH DEPARTMENT

CC 63232 **CERTIFICATE OF DEATH** 47a

F 77474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

1-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2326 Cambridge St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Kosmicki

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April ?

8. AGE: Years	Months	Days	If less than one day
53	9		hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 2-13-41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART OF MARY
Location Baltimore COUNTY
18 (a) Funeral director George A. Weber
(b) Address 705 So. Ann Street
19 (a) 2-10-1941
(Date rec'd by registrar) (b) [illegible]

Funeral 3-434 Furniture for Holloway Hall

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1941, at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31 1941 to 2-9 1941, and that I last saw h[illegible] alive on 2-9 1941.

Immediate cause of death	Duration
Carcinoma of larynx	4 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Schlert Jr. M. D.
Address Baltimore City Hosp. Date signed 2-9-41

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77475 HEALTH DEPARTMENT—CITY OF BALTIMORE 77475

CERTIFICATE OF DEATH ✓ 830

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Wilson St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Catherine Copley

If U. S. Veteran specify WAR

(a) Residence: No. 234 W. Lan St., 14 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) May 15 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	56	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Chas. Woodland

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Regina Copley (Address) 234 E Wilson St

18. BURIAL, CREMATION, OR REMOVAL Where Burial Date 2/13 19 41

UNDERTAKER Wes. D. Kelson (Address) 3 3 Pennsylvania

19. FILED JAN 22 1941 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 19 41

22. I HEREBY CERTIFY, That I attended deceased from 2/6 19 41 to 2/10 19 41

I last saw h alive on 2/10 19 41 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hypoplexy	
Paralysis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 2 3 4 D St. [illegible]

VS 5

Katie Catherine Copley

CERTIFICATE OF DEATH, WITH CAUTION IN PRINTING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 77476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 77476

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7+
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 E. Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	married

6 (b) Name of husband or wife ~~Ethel~~ Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1890

8. AGE: Years	Months	Days	If less than one day
50	6	23	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Wm. Johnson

13. Birthplace Va.

MOTHER 14. Maiden Name Addie Williams

15. Birthplace

16 (a) Informant Sarah Johnson

(b) Address 1536 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/41 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Q. A. County Md.

18 (a) Funeral director Joseph L. Locke, Jr.

(b) Address 1834 W. Baltimore St.

19 (a) JAN 22 1941 (b) Herbert Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8 1941, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 9-4-1940, to 2-8-1941, and that I last saw him alive on 2-6-1941.

Immediate cause of death	Duration
Cardiac-Renal Disease	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death).

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. H. Langrell M. D.

Address 611 N. Carrollton Date signed 2-11-41

VS 3

F 77477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 77477

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? Maryland years

3 (a) FULL NAME Charles Brotten

3 (b) If veteran, name war	3 (c) Social Security Account No. not any

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	C	M

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Balto. md. (Town, county, and state)
10. Usual Occupation Husplater
11. Industry or business

FATHER 12. Name Charles Brotten
13. Birthplace md.

MOTHER 14. Maiden Name Lilly Brooks
15. Birthplace md

16 (a) Informant Thomas Coleman
(b) Address 6091 N. Mount a.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory mt auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1818 Harford Ave

19 (a) (Date rec'd by Registrar) (b) Registrar

FEB 12 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1941, at 345 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 5 1941, and that I last saw him alive on Feb 5 1941.

Immediate cause of death Arteriosclerotic C-V disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin S Hall M.D.
Address University Hosp Date signed 2/9/41

2/11/41

7478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 7478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Howard St and Lanvale Ave.
(c) Hospital or institution: Maryland General Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days): 15 days
(e) Length of stay in Baltimore (yrs., mos., or days): 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Stonewood Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME: Rev. William Waters Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Mary V. Davis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1858

8. AGE: Years	Months	Days	If less than one day
82	1	18	hr. min.

9. Birthplace: Frederick Co. - Maryland
(Town, county, and state)
10. Usual Occupation: Minister
11. Industry or business: Retired

FATHER
12. Name: John Davis
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Lavinia Wolfe
15. Birthplace: Maryland

16 (a) Informant: Mr. Eliano D. Kerr (daughter)
(b) Address: Calvert 0 3 1-56

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Stewart Mortuary Co
(b) Address: 108 W Mt Royal

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 11 1941, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1941, to 2-11 1941, and that I last saw him alive on 2-11 1941.

Immediate cause of death	Duration
Pulmonary Congestion and heart failure	
Due to: Lobar pneumonia and enlarged Heart with	
Due to: arteriosclerosis	
Other Conditions: Enlarged prostate and senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: William P. Tompkins M. D.
Address: Md General Hosp Date signed 2/11/41

correct #19 especially important. Physicians: please write the causes of death clearly and legibly.

77479 X 61 ✓ F 77479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital 12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Bellona Ave., Govans P.O. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years ✓

3 (a) **FULL NAME** Anne Herbert Boone

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mr Wm Kennedy Boone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1869

8. AGE: Years 71 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Jas. R. Herbert
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth C. Alexander
15. Birthplace Virginia

16 (a) Informant M. Gordon Boone (son)
(b) Address Bellona Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart Memorials.
(b) Address 108 W Mt Royal Ave.

(b) 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1941, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 2-10 1941, and that I last saw h[illegible] alive on 2-10 1941.

Immediate cause of death Respiratory failure — Duration

Due to Bronchopneumonia

Due to Hypertension arteriosclerotic cardiovascular disease

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 2-10-41

correct ... especially important. Physicians: please write the causes of death clearly and legibly.

F 77480 ✓ F 77480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Pennington Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-5
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Pennington Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary C. Cairns

3 (b) If veteran, name war ------

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ralph H. Cairns

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1905

8. AGE: Years 35 | Months 4 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Calvert Co., Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name John Simmons
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Robinson
15. Birthplace Calvert Co., Md.

16 (a) Informant Ralph H. Cairns
(b) Address 3810 Pennington Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1941 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, A.A. Co., Md.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

Date received FEB 12 1941 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1941 at 5.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1940 to Feb. 10 1941, and that I last saw her alive on Feb. 9 1941.

Immediate cause of death
Exhaustion — Duration 1 day
Due to
Carcinoma of liver (undefinite)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. H. Campbell M. D.
Address 1644 Hanover St Date signed Feb. 11. 41

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 77481
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1635 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Barden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-97

8. AGE: Years 43 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Ga - (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas Jones
13. Birthplace Ga -

MOTHER 14. Maiden Name —
15. Birthplace Ga

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Baltimore Co. Rd -

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by Registrar) (b) Huntingtown Hillcrest, Md.

FEB 12 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1941, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 8 1941 to Feb 9 1941, and that I last saw her alive on Feb 9 1941.

Immediate cause of death Thrombosis left internal carotid artery — Duration ? 2 days
Due to Diabetes Mellitus acidosis and deep — 2 yrs.
Due to Coma — 24 hrs.
Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. O. Billingsley M. D.
Address J. H. Hosp. Date signed 2-10-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 77482

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Bounty Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Oliver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-30-75

8. AGE: Years 65 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jer Gaskin

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Rondo —

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 41 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) FEB 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 19 41, at 9 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 19 41 to Feb 9 19 41, and that I last saw her alive on Feb 9 19 41.

Immediate cause of death	Duration
Pulmonary edema	
Due to Myocardial failure	
Due to Hypertensive cardio vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. P. Billings M. D.

Address J. H. Hosp Date signed 2-10-41

VS 3

7748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1-59

F 7748

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 128
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) one day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Tucker Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Pfaff. Birth F 23:97

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1941

8. AGE: Years — Months — Days — If less than one day 7 hr. 22 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name William H. Pfaff
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Elizabeth Scarborough
15. Birthplace Maryland

16 (a) Informant mother
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Pickett & Son
(b) Address Druid Pk. Drive

19 FEB 12 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941, at 12 o'clock M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Feb 19 .
and that I last saw h him alive on Feb 10 1941.

Immediate cause of death
Prematurity: 28 lunar weeks pregnancy:
Due to
Due to
Other Conditions Ruptured membranes.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Murray Jr. M. D.
Address 9 E. Chase St. Balto. Date signed Feb 11-41

VS 3

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 77481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93)

F 77484 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Parkmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Parkmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES MURRAY

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-76-6788

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
63	5	14		

9. Birthplace Baltimore City, Md. (Town, county, and state)
10. Usual Occupation elevator operator
11. Industry or business Kaiser Bldg

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Anna Robinson
(b) Address 4211 Parkmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1941 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore
Location E. North Ave.

18 (a) Funeral director Lazarus Funeral Home
(b) Address 1401 Belair Rd

19 (a) FEB 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7, 1941, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 2-7-41

VS 6

F 77485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 893

F 77485 ✓ Registered No.

Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 76-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Highland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hecklemann Heckelmann Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1925

8. AGE: Years	Months	Days	If less than one day
15	10	4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name William Heckelmann
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lena Smith
15. Birthplace Baltimore

16 (a) Informant Mother & Father
(b) Address Above (426 N. Highland Ave.)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 13 41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location

18 (a) Funeral director Martin W. E. Dippel
(b) Address 37 Huntington Ave Williamsport, Md.

19 (a) FEB 12 1941 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1941, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1941, to 2-11 1941, and that I last saw him alive on 2-11 1941.

Immediate cause of death Meningitis

Due to B. meningosis

Due to

Other Conditions Mastoiditis
Lateral Sinus Thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Mastoiditis
Lateral Sinus Thrombosis
Of autopsy Now being done

Duration
21 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha K. Reese M. D.
Address Sydenham Hosp. Date signed 2-11-41

VS 3

F 77486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

F 77486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 S. Conn St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 → 2
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S. Conn St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 68 years

3 (a) FULL NAME Frances Zaworska

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1855

8. AGE: Years 86 | Months — | Days 10 9 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Dobrochwalski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Poland

16 (a) Informant Anna Zaworska
(b) Address 220 S. Conn St

17 (a) Burial (b) Date thereof Feb 13 41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Germantown Rd.

18 (a) Funeral director Martin W. E. Dippel
(b) Address 6 a.m. Wilkens Ave

19 (a) FEB 12 1941 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1941 at 8 20/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1934 to Feb 10 1941.
and that I last saw h[illegible] alive on Feb 10 1941.

Immediate cause of death Senility — Duration

Due to

Due to

Other Conditions Myocardial Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo J. Kurbjuhn M. D.
Address 1265 Pennsylvania Ave. Date signed Feb 10/41

VS 3

Form 93E, WITH SPREADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

77487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46G

Registered No. F. 77487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. No home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Mike Honcharov

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: ?
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 80? Months Days If less than one day hr. min.
9. Birthplace ?
(Town, county, and state)
10. Usual Occupation?
11. Industry or business
12. Name (Father) ? Unable to obtain
13. Birthplace (Father) ? further information
14. Maiden Name (Mother) ? from pt.
15. Birthplace (Mother) ?
16 (a) Informant records
(b) Address Baltimore City Hospitals
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) FEB 12 1941 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

20. DATE OF DEATH 2-5 1941 at 4 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1941 to 2-5 1941 and that I last saw h my alive on 2-5 1941.

Immediate cause of death
Carcinoma of head of pancreas
Duration ? 6 Mo?

Due to
Due to Jaundice

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1-11-41 Gastroenterostomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sydney P. Gilbert Jr. M. D.
Address Baltimore City Hosp Date signed 2-6-41

VS 3

Item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

rD - 63332

F 77488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 453

Registered No. F 77488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Albermarle Stl
(If rural give location)
(e) If foreign born, how long in U. S. A.? unk. years

3 (a) FULL NAME Peter Sherba or Peter Szczerba

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amanftafia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
? 55			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation on relief
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.o.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 11 1941
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) FEB 12 1941 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1941, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4 1941, to 2-10 1941, and that I last saw h[illegible] alive on 2-10 1941.

Immediate cause of death	Duration
Carcinoma base of tongue & metastases	4 mo. +
Due to	
Due to Terminal bronchopneumonia	5 day.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 2-8-41 gastrostomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney V. Eckhert Jr. M. D.
Address Baltimore City Hosp. Date signed 2-11-41

VS 3

MACKSON

E 77489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18ba ✓ Registered No. E 77489

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital W-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1435 N Bath st (If rural give location)
(e) If foreign born, how long in U. S. A.? years J

3 (a) FULL NAME Rachel Mackson

3 (b) If veteran, name war
3 (c) Social Security Account No. 10 —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Henry L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1858

8. AGE: Years 82 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Emanuel E Wade
13. Birthplace Maryland

MOTHER 14. Maiden name Eleanor Toogto
15. Birthplace Maryland

16 (a) Informant Mrs Sallie Rose
(b) Address 1435 N Balt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wm A Perkins
(b) Address Fulton Ave & Fayette

19 (a) FEB 12 1941 (Date rec'd by Registrar) (b) Huntington Hillcrest, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10, 1941, at 7:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27/1941, to 2/10/1941, and that I last saw her alive on 2/10/1941.

Immediate cause of death Broncho-pneumonia — Duration

Due to Fracture of right hip

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-27-41
(c) Where did injury occur? 1435 N. Balto St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped on front step of glass.

23. Signature Oscar Hartman, M.D. M. D.

Address Franklin Square Hosp. Date signed 2/10/41

D. H. L. Mackenzie
Asst House Physician M. D.

F 77490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 77490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N Payson (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Mary J Leonard
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael Leonard
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Tully
15. Birthplace Ireland

16 (a) Informant Wm Leonard
(b) Address 19 N Payson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Thos A Tyler
(b) Address Fulton & Fayette Sts

19 (a) (b) Registrar

FEB 12 1941

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941; at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1941 to Feb 11 1941 and that I last saw her alive on Feb 11 1941

Immediate cause of death: Arteria-sclerotic Cardio Vascular Renal Disease — Duration: 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address 2025 N Fayette St Date signed 2-12-41

F 77491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7 ✓ Registered No. F 77491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Arabia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 4

3 (a) FULL NAME Anastasia McNamara (Walsh)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Widow

6 (b) Name of husband or wife Patrick McNamara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1870

8. AGE: Years	Months	Days	If less than one day
70	11	17 16	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Andrew Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Fitzgerald
15. Birthplace Ireland

16 (a) Informant Andrew McNamara
(b) Address 5111 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedereld
(b) Address 914 Greenmount Ave

FEB 12 1941 Hattie Lee Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/11 1941, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1941, to 2/11 1941, and that I last saw h alive on 19 .

Immediate cause of death Hypertension Cardio Vascular Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos W Bailey M. D.
Address 2703 Harford Rd Date signed 2/12/41

13 8 Dr Bailey

77492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 77492

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 E. Chase St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 1
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 E. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary L. McCourt

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Charles H. McCourt
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 1865

8. AGE: Years	Months	Days	If less than one day
75	5		..... hr. ..... min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation .....
11. Industry or business —

FATHER
12. Name Hugh McCourt
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McCollin
15. Birthplace Ireland

16 (a) Informant Miss McCourt
(b) Address 825 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 FEB 12 1941 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said .. (Autopsy or Inquiry) find that said deceased came to .. death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Hugh Vandegrift M.D.
Medical Examiner.
Date signed 2/12/41

VS 6

77493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 77493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28yrs. 10 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Jindra

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1851

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name John
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Svavina
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13. 1941 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Winfield
(b) Address 9 W. Greenmount Ave

19 (a) FEB 12 1941 (b) Burlington Williams, Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1941 1941 3.30 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 - 1940, to Feb 11 - 1941, and that I last saw him alive on Febr - 1941.

Immediate cause of death	Duration
Chronic Myocarditis	2 yr
Due to Arterio - Sclerosis	10 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M.D.
Address 1631 E North Av Date signed 2/12/41

F 77494 — BALTIMORE CITY HEALTH DEPARTMENT — F 77494

CERTIFICATE OF DEATH

94 C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6426 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-6-19
(e) Length of stay in Baltimore (yrs., mos., or days) 0-6-19

2. USUAL RESIDENCE OF DECEASED:
(a) State Puerto Rico County
(c) City or town San Juan
(If outside city or town limits, write RURAL and give town)
(d) Street No. Barrio Monte
(If rural give location)
(e) If foreign born, how long in U. S. A.? 0-6-19 years

3 (a) FULL NAME Reverend Rafael Mangual

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1882

8. AGE: Years	Months	Days	If less than one day
58	1	27	hr. min.

9. Birthplace Puerto Rico (Town, county, and state)
10. Usual Occupation Priest
11. Industry or business

FATHER
12. Name Rafael Mangual
13. Birthplace Mayaguez

MOTHER
14. Maiden Name Dolores Nieves
15. Birthplace Mayaguez

16 (a) Informant Mt Hope Retreat
(b) Address Baltimore

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.)
(b) Address 1403 W. NORTH AVENUE
Interior Williams, N.Y.

19 (a) Filed (Registrar) (b) Registrar

FEB 13 1941

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1941, at 5.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1940, to Feb. 12 1941, and that I last saw him alive on Feb. 12 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to

Due to

Other Conditions Arteriosclerosis — 6 Months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damaso P. Alagca M. D.
Address 3316 Fardsmt Ave Date signed

F 77495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-t

F 77495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4822 Hudson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4822 Hudson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H Stancil Sr

3 (b) If veteran, name war no
3 (c) Social Security Account No. 215-18-3412

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma M Stancil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1872

8. AGE: Years 68 Months 9 Days 22 If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Coal Company

FATHER
12. Name Geo Stancil
13. Birthplace North Carolina

MOTHER
14. Maiden Name Eliza Enoch
15. Birthplace North Carolina

16 (a) Informant Emma M Stancil
(b) Address 4822 Hudson Ave 14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-41 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Elmer Cook
(b) Address 129 N Fremont

FEB 13 1941 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1941, to Feb 11 1941, and that I last saw h[illegible] alive on Feb 11 1941

Immediate cause of death	Duration
Carcinoma of Lung	?
Due to	
Due to	
Other Conditions Arterio-Sclerosis C. V. D.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel J Hanken M.D.
Address 2531 Eutaw Pl Date signed 2/11/41

VS 3

F 77496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. F 77496

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 E. Lanvale st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 E. Lanvale st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna V. Markham

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex F. | 5. Color or race W. | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Wilson C. Markham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1854

8. AGE: Years 86 | Months 8 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business at Home

FATHER
12. Name Robert L. Wade
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Marks
15. Birthplace Va.

16 (a) Informant Anna Purdy
(b) Address 402 E. Lanvale st

17 (a) Burial (b) Date thereof 2/14/41
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mountain Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 227 S Paul st

19 (a) Huntington Williams M.D.
(Date received) (Registrar) Registrar

FEB 15 1941

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1941, at 7:50 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940 to Feb 12 1941.
and that I last saw h~~er~~ alive on Feb. 10 1941.

Immediate cause of death Arteriosclerosis — Duration 10 y
Due to Chronic myocarditis — 5 y
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address 227 W Mont Date signed 2/15/41 M. D.

77497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D F 77497

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 221 S. London Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

Street No. 221 S. London Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George M. Fritzges

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-9597

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary E. Fritzges

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23rd 1888

8. AGE: Years	Months	Days	If less than one day
52	5	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business K. S. Chemical Co.

FATHER

12. Name Frederick A. Fritzges

13. Birthplace Md.

MOTHER

14. Maiden Name Margaret C. Sussau

15. Birthplace Md.

16 (a) Informant Mary A. Fritzges

(b) Address 221 S. London Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12th 1941, at 1:25 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1941, to Feb 12 1941, and that I last saw h~~e~~ alive on Feb 12 1941.

Immediate cause of death: Coronary thrombus — Duration: 1 day

Due to: Ch. endocarditis — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature F. T. Kyle

Address 3321 Creed Ave Date signed 2-12-41

F 77498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 77498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 Lakeside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1507 Lakeside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Lautenklos

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	M

6 (b) Name of husband or wife Carrie Lautenklos
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 8, 1877

8. AGE: Years	Months	Days	If less than one day
66	8	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name Dost Kuns
13. Birthplace Germany

MOTHER
14. Maiden Name Dost Kuster
15. Birthplace Germany

16 (a) Informant Mrs Walter Earnshaw
(b) Address 1520 E 32nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 14/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ellicks
(b) Address 2028 Ellicott

19 (a) Date received (b) Registrar Feb 13 1941 Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 11 1941, at 1.19 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1-40 to Feb 11-1941, and that I last saw h alive on Feb 11-41 19

Immediate cause of death
Pulmonary Embolism — Duration 2 days
Due to Infection
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Herrmann M. D.
Address 1706 E 33rd St Date signed 2/12/41

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63247-FD

77499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 77499
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Balto. city Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs;

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Ostend st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-20-19

8. AGE: Years 22 | Months 10 | Days 11 21 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none (patient from Henryton)

11. Industry or business

FATHER
12. Name Robert Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Picoler Miles
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16 44 (month) (day) (year)
(c) Cemetery or crematory Arundel Co. Md
Location Arundel Co.

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Pardee Ave E
(c) Date rec'd by registrar Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1944, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1944, to 2-11 1944, and that I last saw him alive on 2-11 1944.

Immediate cause of death: Pulmonary Tuberculosis Massive Atelectasis — Duration: 2 Wks 6 days
Due to
Due to
Other Conditions: Intrapleural Pneumatherapy-bilateral
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Intrapleural Adhesions
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L Raybee M.D.
Address Balt. City Hosp Date signed 2-12-44

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

F 77500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 77500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Regester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Regester St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Stanislaw Raczynski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Zofia Raczynska 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 - 1889

8. AGE: Years	Months	Days	If less than one day
51	9	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER 12. Name John Raczynski
FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Emilia Skrowonski
MOTHER 15. Birthplace Poland

16 (a) Informant Zofia Raczynska
(b) Address 704 S. Regester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14-41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary.
Location Baltimore

18 (a) Funeral director Fred W Czarnecki
(b) Address 980 Eastern Ave

19 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941 at 5P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941 to Feb 12 1941, and that I last saw h.. alive on Feb 10 1941.

Immediate cause of death — Duration

Pulmonary edema — 1 day
Due to Myocardial degeneration — unknown
Due to
Other Conditions Bronco Pneumonia Chronic and edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. F. Ries M. D.
Address 24 S. Bway Date signed Feb 12/41

F 77501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 77501

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 Parkwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Charles Gaitley

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3298

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Marie J. Gaitley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1890

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Foreman gas & Elect

11. Industry or business Maintain & Service

FATHER
12. Name John J. Gaitley
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Bookam
15. Birthplace Balto Md

16 (a) Informant Mrs. Marie J. Gaitley
(b) Address 4311 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location — Belair Road

18 (a) Funeral director Stephen Featherstone
(b) Address 1000 E. Kenwood Ave

19 (a) FEB 12 1944 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1941 at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1941 to Feb 11 1941 and that I last saw him alive on Feb 10 1941.

Immediate cause of death: Bronchopneumonia — Duration: 10 days

Due to:

Due to:

Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Janet Fraiser M. D.

Address 1825 N. Mast St. Date signed 2/11/44

VS 3

77502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 77502

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Brunt Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John COTHRON

3 (b) If veteran, name war: Wd
3 (c) Social Security Account No. 220 05 7001

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Beatrice Lucas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1886

8. AGE: Years 54 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Edgefield, South Carolina (Town, county, and state)
10. Usual Occupation WPA Laborer 9/21/38
11. Industry or business

FATHER
12. Name Wade Cothran
13. Birthplace Texas

MOTHER
14. Maiden Name Mar Nobles
15. Birthplace Edgefield, South Carolina

16 (a) Informant Records US Marine Hospital,
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13 1941 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location Old Edgefield Road

18 (a) Funeral director Geo F Byers
(b) Address 1462 W Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 13 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1941, at 3:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 7, 1941, to Feb. 9, 1941, and that I last saw him alive on Feb. 9, 1941.

Immediate cause of death: Arteriosclerotic heart disease — Duration: Unknown

Due to

Due to

Other Conditions: Pulmonary emphysema; Pneumoconiosis, silicosis — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Cannon M. D.
Address U.S. Marine Hospital, Baltimore, Md. Date signed 2/11/41

F 77503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 77503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Keyworth Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Keyworth Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE UTTERBAUGH 220-07-8599

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Mary Jane Utterbaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1859

8. AGE: Years 81 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Carroll Co., Maryland (Town, county, and state)

10. Usual Occupation Retired Contractor

11. Industry or business Self

FATHER
12. Name ? Utterbaugh
13. Birthplace Germany

MOTHER
14. Maiden Name Fox
15. Birthplace Germany

16 (a) Informant Mrs. Thomas A. Strohm
(b) Address 2812 Keyworth Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/13/41 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 13 1941 **(b)** [illegible] by [illegible] (Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1941 at 7 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1941 to Feb 11 1941, and that I last saw h[illegible] alive on Feb 10 1941.

Immediate cause of death	Duration
Myocardial insufficiency	4 days
Due to Cardio vascular renal disease	few yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature M Bernard Lord M. D.
Address 2200 Garrison Blvd Date signed 2-12-41

F 77504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170-C F 77504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 St. Dunstan Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME L. Drew Waidner Jr

3 (b) If veteran, name war: World
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Katheryn Boyd Waidner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1899

8. AGE: Years 41 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Commission Merchant
11. Industry or business: Self

FATHER
12. Name: Harry F. Waidner
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Elizabeth Kline
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Katheryn Boyd Waidner
(b) Address: 319 St. Dunstan's Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: Williams & Siebenhaar
(b) Address: North & Pine Aves.

19 (a) FEB 13 1941 (Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injuries to head and Chest — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 2/12/41 - 12-5.
(c) Where did injury occur? Calvert St + Penna R R Bridge (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Pennsylvania car - struck bridge abutment

23. Signature: [illegible] M.D. (Medical Examiner)
Date signed 2/12/41

VS 6

F 77505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 F 77505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1833 Vine St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1833 Vine St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

70

3 (a) FULL NAME Carrie M. Howard

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-11-1868

8. AGE: Years 72 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name James H. Shue

13. Birthplace Va

MOTHER 14. Maiden Name Louisa Dorsey

15. Birthplace Md.

16 (a) Informant Rev. Thomas J. Howard

(b) Address 1833 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 1941 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn

Location Irving Mills Ave.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Signature and title) FEB 12 1941 Registrar

VS 3

Huntingtown Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941, to Feb 10 1941, and that I last saw h alive on Feb 10 1941.

Immediate cause of death Pulmonary Edema — Duration 1 day

Due to Mitral Stenosis. — unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B Howard M. D.

Address 1207 N Carlton Date signed Feb 13 1941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 77506 / 166 E 77506

E 77506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2875

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
48			hr. 5 min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden Name Not known

15. Birthplace

16 (a) Informant Emma Mitchell

(b) Address 1422 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-41 (month) (day) (year)

(c) Cemetery or crematory National

Location Balto. Md

18 (a) Funeral director Harvey Trapnell & Harvey

(b) Address 578 N. Eutaw St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS FEB 13

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1941, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of abdominal aorta	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 2/8/41
(c) Where did injury occur? 1435 Pennsylvania Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Room (Specify type of place) While at work? No
(e) Means of injury: Pistol shot wound

23. Signature W. A. Anderson M.D. Medical Examiner

Date signed 2/9/41

77507 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 77507

CERTIFICATE OF DEATH

131-13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Bruce St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mayie Day

If U.S. Veteran specify WAR .....

(a) Residence: No. 1417 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Day

6. DATE OF BIRTH (month, day, year) May 22 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Gent

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Day

(Address) 1417 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/15 19 41

19. UNDERTAKER Geo. L. Keleher

(Address) 1306 Pleasant St

20. FILED FEB 13 1941 19.....

Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 , 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 , 1941 , to Feb 11 , 1941

I last saw her alive on Feb 11 , 1941 . Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Nephritis	2/1/41

Was an operation performed? ..... Date of ..... over

For what disease or injury? .....

What test confirmed diagnosis Urinary ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Wellington Feey M. D.

(Address) 1928 Penna Ave.

VS 3

77508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a ✓ E 77508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Carey Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-1

3 (a) FULL NAME Thomas Richard SHARPS

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 705-12-1965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Gertrude Watkins
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 18, 189 4

8. AGE: Years	Months	Days	If less than one day
46	7	3 ??	hr. min.

9. Birthplace Anne Arundel County, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business B. and O. Railroad

FATHER
12. Name Richard Sharps
13. Birthplace Anne Aroundel County, Md.

MOTHER
14. Maiden Name Francis Thomas,
15. Birthplace Calvert County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Nelson
(b) Address 1303 Brentwood Ave.

19 (a) (Date received by Registrar) (b) Registrar

FEB 13 19 41

Thurston Hillegeist

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11, 1941, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1941, to Feb. 11, 1941, and that I last saw him alive on February 11 1941.

	Duration
Immediate cause of death Chronic Uremia	Unknown
Due to Chronic nephritis	Unknown
Due to	
Other Conditions Cardiac hypertrophy and severe arterial hypertension (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Md. Date signed 2/12/41 M. D.

F 77509

DH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 77509

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Adam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1863

8. AGE: Years	Months	Days	If less than one day
78	0	23	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) FEB 13 1941

(c) [illegible] SCHOOL Commissioner of Health
Location

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (c) FEB 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

6265

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9- 1941, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30- 1941, to 2-9- 1941, and that I last saw h[illegible] alive on 2-9- 1941.

Immediate cause of death: Bronchopneumonia — Duration 7

Due to: Prostatic gethra — ?

Due to: Gen S — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No Post

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 2-12-41

F 77510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 77510

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Grum Sts

(c) Hospital or institution University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1163 W. Lombard St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Holden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 62 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL FEB 13 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Huntington Avenue, Md

19 (a) FEB 13 1941 (Date rec'd by registrar) (b) Registrar

6266

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1941, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941 to Feb 5 1941 and that I last saw h[illegible] alive on Feb 3 1941.

Immediate cause of death Coronary Thrombosis — Duration 1 hour

Due to Arteriosclerotic C.V.D

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes Coronary Thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Evelyn J. Barnes

Address University Hospital Date signed 9 Feb

F 77511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

V. F 77511

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 3

(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 161 Univ. Hospital 813 N. Mich[illegible] Ave

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Merryman Birth F 2335 V

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: negro.

6 (a) Single, married, widowed, or divorced: infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5th 1941

8. AGE: Years | Months | Days: 2 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation infant.

11. Industry or business

FATHER 12. Name Robert Merryman

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Pacella Oakley

MOTHER 15. Birthplace Ansfield, Md

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) ~~JOHNS HOPKINS MEDICAL~~ SCHOOL FEB 13 1941

Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Huntington Williams, M.D.

19 (a) FEB 13 1941 (Date rec'd by registrar) Registrar

16267

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7th 1941, at 11.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5th 1941, to Feb 7th 1941, and that I last saw h[illegible] alive on Feb 7th 1941

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to Prolonged Labor

Due to

Other Conditions Terminal Broncho-Pneumonia.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis C. Garcia M. D.

Address University Hosp. Date signed 2-7-41

F 77512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. F 77512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Ramming

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-0833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary Conroy Ramming
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1887

8. AGE: Years	Months	Days	If less than one day
53	8	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Millwright
11. Industry or business Geo. J. Storck & Co.

FATHER
12. Name Adam Ramming
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara Pistel
15. Birthplace Md.

16 (a) Informant Mrs. Harry E. Ramming
(b) Address 1504 Hollins Street

17 (a) Cr (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location

18 (a) Funeral director Harry J. Holtzman
(b) Address 4101 Edmondson Ave

19 (a) FEB 13 1941 (Date received by Registrar) (b) Filed by Registrar Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941, at 3:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Gruft M.D. Medical Examiner

Date signed 2/12/41

F 77513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 77513

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 Frederick Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Frederick Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 41 years

3 (a) FULL NAME Christof Stricker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Stricker
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) AUgust 14, 1882

8. AGE: Years	Months	Days	If less than one day
58	5	26	hr. ..... min.

9. Birthplace Bavaria
(Town, county, and state)
10. Usual Occupation Saloon-Keeper
11. Industry or business

FATHER
12. Name Mr. Stricker
13. Birthplace Bavaria

MOTHER
14. Maiden Name Eva ?
15. Birthplace Bavaria

16 (a) Informant Mrs. Lillian Stricker
(b) Address 2306 Frederick Ave.

17 (a) Cremation (b) Date thereof Feb. 13, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. Amoroso
(b) Address 1003 W. Baltimore St.

FEB 13 1941

19 (a) ..... (b) Patterson Park Hospital
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1941, at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941. to Feb 10 1941, and that I last saw him alive on Feb 10 1941.

Immediate cause of death: Acute Cardiac Dilitation — Duration: 2 days

Due to: Myocarditis Cardiac Enlargement — Duration: ? ?

Due to: .....

Other Conditions: Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St. Date signed

F 77514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 77514

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Madison Ave 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Henry Hopkins

If U. S. Veteran specify WAR ?

(a) Residence: No. 1009 Madison Ave St., ... Ward. S.S. No. 215-17-3787

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): May 1st 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Joseph Hopkins

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Gertrude Hopkins

(Address) 1009 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2 — 14 1941

19. UNDERTAKER: Jas Frances A Hemsley

(Address) 528 N Bridge St.

FILED FEB 13 1941 Thurston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11th 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th 1941 to Feb 11th 1941

I last saw h.. alive on Feb 10th 1941 Death is said to have occurred on the date stated above, at 10P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	about 4 mos

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical + Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Harry F. Brown M. D.

(Address) 1935 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 77515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. E 77515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Roselawn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Roselawn Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-2

3 (a) FULL NAME Thelma M. T. Hofmann.

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John H. Hofmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 1913.

8. AGE: Years	Months	Days	If less than one day
28	-	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home.
11. Industry or business

FATHER
12. Name Clarence E. Triplett
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Marie Coyne
15. Birthplace Balto. Md.

16 (a) Informant Mrs. John H. Hofmann
(b) Address 3403 Roselawn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 / 14 / 41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Mary M. Kyderfield
(b) Address 57 E. 23rd St.

FEB 13 1941 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11, 1941, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1940, to Feb 11 1941, and that I last saw her alive on Feb 11 1941.

Immediate cause of death — **Duration**

Pulmonary Tuberculosis — 1 yr. (2)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Lynn, M. D.
Address 433 E. 22nd St. Date signed 2-12-41

77516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 77516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM I. FREUNDEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-0712

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1919

8. AGE: Years	Months	Days	If less than one day: hr.	min.
21	5	18		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business U.S. Air Corps

FATHER 12. Name Julius T. Freundel
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Anna Margaret Delker
15. Birthplace Baltimore, Md

16 (a) Informant father Julius T Freundel
(b) Address above address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Walter Brody Bradley
(b) Address 1922 W. North Ave

19 (a) FEB 13 1941 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1941, at 10:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular bilateral	
Due to Fracture base of skull	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 9, 1941
(c) Where did injury occur? Just southward Rd from city line Anne Arundel Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? — (Specify type of place)
(e) Means of injury auto car struck wooden pole

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 2-11-41

77517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 77517

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mins
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Lehighton (If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. No 1 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANDREW ROBERTSHAW Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Elenor Schleicher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day: hr.	min.
35				

9. Birthplace Lehighton RD 3, Carbon Co, Pa (Town, county, and state)
10. Usual Occupation Sampler
11. Industry or business Airplane factory

FATHER
12. Name Andrew Robertshaw
13. Birthplace Pa

MOTHER
14. Maiden Name Alice Hansen
15. Birthplace Pa

16 (a) Informant Elenor Robertshaw
(b) Address Lehighton R.D.1 Pa

17 (a) Removal (b) Date thereof 2-13-41
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Palmerton, Pa

18 (a) Funeral director Frank H. Seip
Address 414 N. 3rd St Huntingdon, Williamsport, Pa

19 (a) 2-13-41 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1941, at 7 25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 12, 1941
(c) Where did injury occur? Philadelphia Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by auto

23. Signature T. F. Wallenmaier M.D. Medical Examiner

Date signed 2-13-41

VS 6

F 77518

391666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F Registered No. F 77518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2192 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Cole

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-7100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-77

8. AGE: Years	Months	Days	If less than one day
63	3	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Cole

13. Birthplace Md -

MOTHER 14. Maiden Name Mary

15. Birthplace Md - Pecnds -

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/1941 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Co Md

18 (a) Funeral director Rayner Sanders

Address 1412 E. Preston St

19 (a) Filed by registrar (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 2.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1941 to Feb 12 1941, and that I last saw him alive on Feb 12 1941.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Conditions Carcinoma of liver ? 2 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of gall bladder

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Miller

Address J H H Date signed 2-12-41

77519

CLARENCE MAST

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E V

Registered No. 77519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Glen Arm
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Clarence Mast

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married boy

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
15			hr. min

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Leonard Mast
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Bridenbaugh
(b) Address Glenarm Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-41 (month) (day) (year)

(c) Cemetery or crematory Fork M. E. Cem
Location Fork Md.

18 (a) Funeral director C. E. Arthur
(b) Address Fork Md.

19 FEB 13 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1941, at 10 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Ruptured Ulcer — Duration

Due to .....

Due to .....

Other Conditions Acute abdominal hemorrhage. Agonal collapse
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-11-41
(c) Where did injury occur? Glen Arm (City or town) Balto. Co. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Sledding - Sled struck Tree

23. Signature Howard J. Thomsen M.D.
Medical Examiner

Date signed 2-13-41

77520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 77520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 Maine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Maine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada Virginia Wever

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George D. Wever
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1876

8. AGE: Years	Months	Days	If less than one day
64	3	27d	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John W. Shaw
13. Birthplace Cecil Co Md

MOTHER
14. Maiden Name Sidney Lamy
15. Birthplace Baltimore Md

16 (a) Informant George D. Wever
(b) Address 4407 Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1941 (month) (day) (year)
(c) Cemetery or crematory Emanuel Lutheran
Location Grindon Lane & Battle Md

18 (a) Funeral director Harry H. Chmacow
(b) Address 4204 Ridgewood Ave

19 (a) Date received by Registrar FEB 13 1941 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1941. to Feb 13 1941. and that I last saw h alive on Feb 13 1941.

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Samuels M. D.
Address 4309 Liberty Hgts Date signed Feb 13

77521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 77521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~6 months 18 days~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Annex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Regester Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Annie R. Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced~~ Widow

6 (b) Name of husband or wife Wm. Allen Jones
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1869 - Aug 17

8. AGE: Years 73 | Months 5 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Maryside Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Geo. E. Davis
13. Birthplace Md.

MOTHER
14. Maiden Name — Williams
15. Birthplace —

16 (a) Informant W. Harry Jones
(b) Address 512 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-1941 (month) (day) (year)
(c) Cemetery or crematory Ludlowville
Location Ludlowville Md.

18 (a) Funeral director Johnson & Hyde
(b) Address 2324 E. Baltimore St. Huntington Williams, M.D.

19 (a) FEB 13 1941 (Date rec'd by Registrar) (b) ____ Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9th 1941 to Feb 13 1941, and that I last saw her alive on Feb 13 1941.

Immediate cause of death: Heart failure & pulmonary congestion — Duration over

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature William P. Longshore M.D.
Address Md. Gen. Hosp. Date signed 2/13/41

77522

F 77522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Center St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Rodgers

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 214-14-5117

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
MALE	WHITE	Separated

6 (b) Name of ~~husband or~~ wife Mazie Rodgers
6 (c) If alive, give age years

7. Birth date of deceased (month, day, year) ~~August 5, 1887~~ Sept 7, 1886

8. AGE: Years	Months	Days	If less than one day
~~53~~	~~6~~	~~24~~	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Steam Fitter

FATHER
12. Name Edward Rodgers
13. Birthplace Ireland

MOTHER
14. Maiden Name Cecilia McNaulty
15. Birthplace Ireland

16 (a) Informant Cecilia V. Stabler
(b) Address 603 E. 38th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 FEB 14 1941 (Date received by local registrar) (b) Burlington for Williams M.R.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12, 1941, at 8:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11, 1941, to Feb. 12, 1941, and that I last saw h/is alive on Feb. 12 1941.

Immediate cause of death: Lobar Pneumonia Type I left lower & upper lobes. — Duration: 6 days

Due to: Acute Septicemia — 4 days P.)

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Earl Weeks, M. D.
Address Mercy Hospital Date signed Feb 12 1941

F 77523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 77523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2038 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 2038 W Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Theresa Hartt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~ Charles E Hartt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1865

8. AGE: Years 75 | Months 11 | Days 20 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John F. Prezaie
13. Birthplace Balto Md

MOTHER
14. Maiden Name
15. Birthplace Balto Md

16 (a) Informant Ruth Zorn
(b) Address 2038 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) FEB 14 1941 (Date filed by registrar) Livingston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Feb 12 1941, and that I last saw her alive on Feb 12 1941.

Immediate cause of death: Heart failure — Duration: 3 mos

Due to: Myocardial degeneration

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Goldberg
Address 2452 Eutaw (Date signed) 2/13/41

77524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 77524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town West River (If outside city or town limits, write RURAL and give town)
(d) Street No. ------- (If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME F. Thomas Lerch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1858

8. AGE: Years	Months	Days	If less than one day
83	---	---	-- hr. --- min.

9. Birthplace West River, A. A. County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name August Lerch
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Watkins
15. Birthplace South River, Md.

16 (a) Informant Charles S. Lerch
(b) Address Charles & 34th Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) FEB 14 1941 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12, 1941, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 26 19[illegible] to Feb 12 1941.
and that I last saw h[illegible] alive on Feb 12 1941.

Immediate cause of death	Duration
Pneumonia, hypostatic	
General Arterio sclerosis	
Due to Cerebral Apoplexy	
Due to Arteriosclerosis - Chronic Nephritis -	
Due to Myocardial degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Thomas Lerch M. D.
Address 110 E Monument Date signed 2-13-41

F 77525

F 77525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 2836
(a) Baltimore City, Maryland
(b) Street address 2836 Elliott Driveway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 Elliott Driveway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroline M. Pleiss

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Paul G. Pleiss
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Apr 25. 1882

8. AGE: Years 58 | Months 9 | Days 1718 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Thomas Rost
13. Birthplace: ?

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Paul G. Pleiss
(b) Address: 2836 Elliott Driveway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15. 1941 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Catty

18 (a) Funeral director: A. M. & Wm. John W. Tenfelde Son
(b) Address: 801 W. Fayette St

19 (a) (Date received by registrar) (b) Registrar

FEB 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1941, to Feb 12 1941, and that I last saw h[illegible] alive on Feb 11 1941.

Immediate cause of death: Chronic Cardio vascular disease
Due to:
Due to:
Other Conditions: Hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: Ernest H. Rahn
23. Signature:
Address 1735 Poplar St Date signed Feb 12/41 M. D.

F 77526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 77526 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 Parrish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Parrish St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Beaty Braxton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Widowed

6 (b) Name of husband or wife Margaret Braxton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Essex Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Russ Cox Braxton
13. Birthplace Va

MOTHER
14. Maiden Name Margaret
15. Birthplace Va

16 (a) Informant Margaret Williams
(b) Address 2920 8th Ave N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16th/41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Md

18 (a) Funeral director Edwin O Wilson
(b) Address 1000 Hanover

19 (a) Huntington Williams (b) Registrar
(Date rec'd by Registrar) FEB 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1941 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941 to Feb 11 1941. and that I last saw h. I alive on Feb 10 1941.

Immediate cause of death Cardiac insufficiency — Duration 7

Due to —

Due to —

Other Conditions Nephritis — Duration own

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. Douglas Sheppard M. D.
Address 1231 W Hamblin Date signed 2/14/41

VS-3

77527 F

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 48 — F 77527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Schroeder
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Rural - Mayo P.O. (If outside city or town limits, write RURAL and give town)
(d) Street No. Mayo P.O. Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ada Lomax Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	colored	married

6 (b) Name of husband or wife John Stewart 6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1883

8. AGE: Years	Months	Days	If less than one day
57	4	2	— hr. — min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business —

FATHER
12. Name William Lomax
13. Birthplace Anne Arundel Co. Md

MOTHER
14. Maiden Name Priscilla
15. Birthplace Anne Arundel Co. Md.

16 (a) Informant Florence Lomax
(b) Address 206 N. Arlington Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory Mayo Md.
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave Arlington Hill Station, Md.

FEB 14 1941 (Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2.11.'41 19 . at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10.18.1939 to 2.11.1941. and that I last saw her alive on 2.10.1941.

Immediate cause of death
Carcinoma cervix uteri — Duration about 10.18.39

Due to

Due to

Other Conditions Chronic nephritis arteriosclerosis — Duration about 1934
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Pair M.D.
Address 40 N Carrollton Ave Date signed 2/13/41

F 77528

77528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30-D

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Hawkins Point Road Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Beuson 44-5

If U. S. Veteran specify WAR

(a) Residence: No. 3418 Hawkins Point Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 7-1940

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Beuson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethel Ward
(Address) 420 Sharp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2-16 1941

19. UNDERTAKER James A Hayes
(Address) 142 W Fritz St.

FILED FEB 14 1941 Hattie Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/41 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1941 to Feb 11 1941

I last saw h alive on Feb 11 1941 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aneurysm of Thoracic Aorta	July 1940
Arterio-Sclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ken D Hoke M. D.

(Address) 4700 Pennington Ave

F 77529

OF 31339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

F 77529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 S. Allwood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Cecilia (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-1858

8. AGE: Years 82 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Night watchman

11. Industry or business

FATHER
12. Name George
13. Birthplace Ireland

MOTHER
14. Maiden Name Susanna Hoop
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 1941 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore, Md.

18 (a) Funeral director John Ulluch.
(b) Address 2008 Orleans St.,

19 (a) FEB 14 1941 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12-1941, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-4-1938 to 2-12-1941 and that I last saw h[illegible] alive on 2-12-1941.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Gen. A-S. Thrombosis of Left Femoral — Duration ? 4 days

Due to artery

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gen. A-S.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Gallo City Hosp. Date signed 2-13-41 M. D.

F 77530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 77530

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~XXXX~~ 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 165 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Rayner Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Neal (58812)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1915

8. AGE: Years 25 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Nolan
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pulaski ave

19 (a) Filed FEB 14 1941 (b) Huntington Williams, M.D.

IVSec

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1941, at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1, 1940 to Feb. 13, 1941, and that I last saw him alive on Feb. 13, 1941.

Immediate cause of death: Far advanced L&T c-p tuberculosis — Duration: 1 yr. over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martha D. Leonard M. D.
Address Balto. City Hospitals Date signed 2-13-41

F 77531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 77531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W.
(b) Street address 1713 Lombard St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lovenia Grace Ford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19 1866

8. AGE: Years 75 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace Somerset Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lankford
13. Birthplace Somerset Co. Md

MOTHER
14. Maiden Name Nancy (Unknown)
15. Birthplace Somerset Co.

16 (a) Informant Calberna Jones
(b) Address 1713 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-41 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Marion Station Md

18 (a) Funeral director Unsworth & Covington
(b) Address 21 W. 25th St.

19 (a) FEB 14 1941 (Date received by Registrar) (b) Huntingtown Millerstown, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 3 STD P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1941, to Feb 12 1941, and that I last saw h[illegible] alive on Feb 12 1941.

Immediate cause of death	Duration
Lobar pneumonia	3 days
Due to pneumococcus, Type undetermined	
Due to	
Other Conditions Arteriosclerotic Heart Dis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reuben Rowland M. D.
Address 719 Upper Falls Blvd Date signed 2/14/41

VS 3

77532

HEALTH DEPARTMENT—CITY OF BALTIMORE

77532

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Akore St. 94-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary A Schaefer

If U. S. Veteran specify WAR

(a) Residence: No. 1324 Linden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN A SCHAEFER

6. DATE OF BIRTH (month, day, year) MAR- 3- 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 12-40

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME THOS A MALONE

14. BIRTHPLACE (city or town) (State or country) WALES

MOTHER

15. MAIDEN NAME MARY A CASEY

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT GEO J BOHLE

(Address) 1602 E FORT AVE

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY CROSS CEM Date FEB 15th 1941

19. UNDERTAKER Quinn & Covington

(Address) 21 W 25th St

20. FILED FEB 14 1941 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1941 to Feb. 12, 1941

I last saw her alive on 2-11, 1941. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-10-41
Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas Bolland, M. D.

(Address) 707 S. Fort Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

77533 X ✓ F 77533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 93018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ days 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) 5½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Symington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma Virginia Clarke (EMMA VIRGINIA Clark)

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Robert E. Clark
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5-1869

8. AGE: Years 71 | Months 9 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Balto. Co. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER 12. Name Philip Dietz
13. Birthplace Reisterstown, Md
MOTHER 14. Maiden Name Eleanor Levering
15. Birthplace Randallstown, Md

16 (a) Informant C. Howard Clark (Son)
(b) Address 5147 Lyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Pikesville, Md.

18 (a) Funeral director Stewart Mortuary Company
(b) Address 108-W-North Ave.

FEB 14 1941 (Date received by local registrar) (b) Huntington Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1941, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10th, 1941 to Feb 14th 1941; and that I last saw her alive on Feb 13th 1941.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertensive arteriosclerotic C-V-D.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Hope Jr. M. D. M. D.
Address St Agnes Hosp. Date signed 2-14-41

VS 2

F 77534 ✓ F 77534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E. Monument Street
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Brookfield (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lydia ~~Hiller~~ Oliver

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or ~~wife~~: Samuel Oliver
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 55 | Months | Days | If less than one day: hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Louis Buckner
13. Birthplace Poland

MOTHER
14. Maiden Name Isabelle Jacobs
15. Birthplace England

16 (a) Informant Mrs Minnie Hollander
(b) Address Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-41 (month) (day) (year)
(c) Cemetery Lahren Friendship
Location Balto + Caroline sts

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E. Balto St

19 (a) — (b) —

FEB 14 1941 Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/13 1941, at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/13 1941, to 2/13/41 1941, and that I last saw h alive on 2/13 1941.

	Duration
Immediate cause of death pulmonary edema	
Due to acute cardiac failure	3 hours
Due to hypertension	6 years
Other Conditions cerebral hemorrhage	5 hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harbert W. Harris M. D.
Address Sinai Hospital Date signed 2/13/41

F 77535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 77535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Reisterstown Rd St., 15-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Shochet

If U. S. Veteran specify WAR .....

(a) Residence: No. 3425 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Leopold

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Jaffe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Florence ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Shochet
(Address) 3822 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew "erring Run Feb, 14, 1941

19. UNDERTAKER Sol Levinson & Bros
(Address) 1124 1126 W North Ave

FEB 14 1941 19..... Huntington Williams, M.D. Registrar

V8 3

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL OR PEN AND INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to February 13 1941

I last saw her alive on Thursday Feb 13, 1941. Death is said to have occurred on the date stated above, at 9 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1939
Arteriosclerotic Heart Disease	1939

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton E Lowman M. D.

(Address) 5013 Park Heights Ave

F 77536 PANNIER ✓ 131-B F 77536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. High St.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Balt.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
3 ✓ (d) Street No. 304 S. High St. (If rural give location)
(e) If foreign born, how long in U. S. A. ~~N.B.H.~~ years

3 (a) FULL NAME Sarah A. Pannier

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband or wife Has none (dead)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April-8-1858

8. AGE: Years	Months	Days	If less than one day
82 years.	10	4 —	hr. min.

9. Birthplace Balt. Balt. (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business none.

FATHER
12. Name John Harper
13. Birthplace England

MOTHER
14. Maiden Name ~~Hannah~~ A. Harper
15. Birthplace Ireland.

16 (a) Informant Stella E. Boyd.
(b) Address 304 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (month) (day) (year)
(c) Cemetery or crematory Baltimore Ceme
Location Baltimore Md

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

FEB 14 1941 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb-12 1941, at 11 25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct- 1941, to Feb-12 1941, and that I last saw h[illegible] alive on Feb. 12 1941.

Immediate cause of death Dilatation of Heart. Nephritis, Chron
Due to Senility (

Duration 5 months

Due to

Other Conditions General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Solomon C. Katz M.D.
Address 1134 E. Balt. St. Date signed 2/13/41

Med Stem case

F 77537

F 77537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115-c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1236 E Mad-st (If rural give location) 1236 E. MADISON ST.
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Leroy James Birth F 19336

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14 40

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Md - (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George James

13. Birthplace

MOTHER 14. Maiden Name Bonnie

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1941 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A.A County Md.

18 (a) Funeral director Mrs. H. G. Elbert Daughter

(b) Address 1129 N. Caroline St.

(a) (Date rec'd by registrar) (b) Registrar

FEB 14 1941 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941 at 9 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1941, to 1941, and that I last saw h alive on Feb 12 1941.

Immediate cause of death: Rhinopharyngitis — Duration: 1 week

Status Thymolymphaticus — Duration: life

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret A. D. Smith M. D.

Address J. H. H. Date signed 2-13-41

Howard Edmunds M.D.

77538
392958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

F 77538
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Pendelton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Unknown

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace N. C. - (Town, county, and state)
10. Usual Occupation House keeper
11. Industry or business

FATHER
12. Name Emanuel Pendelton
13. Birthplace N. C. -

MOTHER
14. Maiden Name Maggie Vaughn
15. Birthplace N. C. -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 41 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Mark A. Elliott & Daughters
(b) Address 1120 N. Eutaw St.

FEB 14 1941 (Date rec'd by registrar) (b) Thurlow Weld Nicholls, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1941, at 145 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1941 to Feb 11 1941, and that I last saw her alive on Feb 11 1941.

Immediate cause of death Cardiac tamponade — Duration

Due to Hemopericardium

Due to Rupture into pericardium of dissecting aneurysm of aorta

Other Conditions Hypertension, heart disease, generalized arteriosclerosis. Non toxic goiter

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Billingsley M. D.
Address J. H. Hosp. Date signed 2-14-41

VS 3

F 77539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 77539 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 West Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

1803

3 (a) FULL NAME James Patrick Kelly

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-09-0021

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ella M Kelly
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1884

8. AGE: Years	Months	Days	If less than one day
57	0	11	hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name James Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice M. Intyre
15. Birthplace Baltimore, Md

16 (a) Informant Ella M Kelly
(b) Address 1042 W. Lombard Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/41 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd.
18 (a) Funeral director John F. Bowman & Son
(b) Address 901 Hollins St.
19 (a) Huntington Williams M.D. (Physician or Coroner) Registered FEB 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1941, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1941, to Feb 13 1941, and that I last saw h m alive on Feb 13 1941.

Immediate cause of death Coronary infarction — Duration: 1 mo

Due to Coronary thrombosis — Duration: 1 mo

Due to Bronchopneumonia — Duration: 3 days

Due to Terminal

Other Conditions Hemorrhoids due to Trichloroethylene Vapors - Removed
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martha E. Lees M. D.
Address Sydenham Hosp. Date signed 2-14-41

VS 3

805 PM med 77540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 77540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 N. Caroline (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Giles

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-7325

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-94

8. AGE: Years 46 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Bootblack

11. Industry or business Self

FATHER
12. Name Samuel Giles
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Hilliard
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt. Laurel Cem.
Location Baltimore, Md

18 (a) Funeral director Joseph V. Locke, Jr.
(b) Address 1320 N. Central Ave.

19 (a) (Date received by Registrar) (b) Filed Washington Hilliard Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1941, at 805 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1941 to Feb 12 1941, and that I last saw HIM alive on Feb 12 1941.

Immediate cause of death: Lobar Pneumonia — Duration: 1 wk.

Due to: Type 12 pneumoc.

Due to:

Other Conditions: Uremia, chron. nephritis, according autopsy (Include pregnancy within 3 months of death) — Duration: ?

Major findings:
Of operations
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nat Miller
Address J N H Date signed 2-12-41

F 77541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63-W Registered No. F 77541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 1411 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Randolph Beverly

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of ~~husband or~~ wife Liza

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 10, 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	3	3		

9. Birthplace Virginia. (Town, county, and state)
10. Usual Occupation Foreman.
11. Industry or business Cooper Dept.

FATHER
12. Name
13. Birthplace Va.

MOTHER
14. Maiden Name
15. Birthplace Va.

16 (a) Informant Eliza Beverly
(b) Address 14 A Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1308 Pierstmanhy

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 1941. at 4 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1941. to Feb. 13 1941. and that I last saw ~~him~~ alive on Feb. 13 1941.

Immediate cause of death	Duration
Hyperpyrexia	8 hr.
Due to Cerebral Hemorrhage	20 hr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature WC Livingood M. D.
Address Mercy Hospital Date signed 2-12-41

57890-RD

F 77542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V55-E

Registered No. F 77542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution: Balto. city hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo. 11das
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary veshields

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Francis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-9-1872
8. AGE: Years 68 | Months 4 | Days 2 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John veshields
13. Birthplace Md.

MOTHER
14. Maiden Name Marah
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. S. Kelly
(b) Address 1303 Pennsylvania Ave. Huntingtor Pottsville, Md.

19 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1941, at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1940 to 2-11 1941, and that I last saw h[illegible] alive on 2-11 1941.

Immediate cause of death	Duration
abdominal carcinoma & ascites	mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry F. Rigdon M. D.
Address Balto. City Hosp. Date signed 2-11-41

F 7754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

Registered No. F 22543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. • Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5, South Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME HARRY SHAPIRO

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
54			hr. min

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry of business Junk yard - country

FATHER
12. Name Solomon Shapiro
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Benyomson
15. Birthplace Russia

16 (a) Informant Joseph Shapiro
(b) Address Brother

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14-41 (month) (day) (year)
(c) Cemetery or crematory Bethesda Memorial Park
Location Rosedale

18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Baltimore St

19 (a) FEB 14 1941 Huntington Williams (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 1941, at 3:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Syphilis, cardiovascular — Duration .....
Due to .....
Due to .....
Other Conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature H. H. Wollenweber M.D. Medical Examiner.
Date signed 2-14-41

VS 6

Oliver Forrester

F 77543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E Registered No. F 77544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Edmondson ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliver Forrester

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-10-2994

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Olivia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16 - 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min
49 50	2	27		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Foreman
FATHER 12. Name Plymouth Forrester
13. Birthplace md
MOTHER 14. Maiden Name unknown
15. Birthplace
16 (a) Informant S. B. Gen'l Hospital
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41 (month) (day) (year)
(c) Cemetery or crematory National
Location
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman st
19 (a) Filed (Date received by Registrar) FEB 14 1941 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13- 1941, at 2:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Autopsy thereon and from the evidence obtained by said Inquisition - Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Bronchopneumonia
Due to Multiple fractures
Due to Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-6-41
(c) Where did injury occur? Penn Sta. Baltimore City Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Railroad While at work? yes
(Specify type of place)
Means of injury Struck with steel beam

23. Signature Howard Jones M.D.
Medical Examiner.
Date signed 2-13-41

H 77545 KOLK

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77545

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Iris Ave St. 76-4 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Elizabeth Kolk

If U. S. Veteran specify WAR

(a) Residence: No. 905 Iris Ave St., Ward. S.S. 217-01-3178

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Kolk

6. DATE OF BIRTH (month, day, year) August 30, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) December, 1940

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Washington Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Jennie Michael

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jennie Michael

(Address) 905 Iris Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Feb 17 1941

19. UNDERTAKER Lilly & Bielefeld

(Address) 403 S Wolfe St

FEB 14 1941 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1941, to February 13, 1941

I last saw him alive on February 11, 1941. Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast & metastasis	2/19/40
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/19/40; 8/10/40

For what disease or injury? Carcinoma of breast

Name of operation Radical mastectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Max Baum M. D.

(Address) 1501 N. Milton Ave

VS 3

77546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

F 77546 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Fosters ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Fosters ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Anna Wasowicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Wasowicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1869

8. AGE: Years	Months	Days	If less than one day
71	7	20	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Lachajczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Miss Mary Wasowicz
(b) Address 2604 Fosters ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15/41 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County
18 (a) Funeral director John M Weber
(b) Address 401 S Chester Street
(c) (Registered by registrar) (b) Huntington Williams, M.D.

FEB 14 1941

MEDICAL CERTIFICATION

535

20. DATE OF DEATH Feb 12 1941, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1941, to Feb 12 1941, and that I last saw h— alive on Feb. 12, 1941.

Immediate cause of death

	Duration
Bronchial (terminal) Pneumonia	2 days
Due to	
Due to	
Other Conditions Infection of Urinary Tract (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Kraglen M. D.
Address 26(?) Eastern Ave Date signed 2/13/41

VS 3

392885 77547 F 77547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V46-B
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs.) mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Washington Blvd (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Monahan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Sing.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-1874

8. AGE: Years 66 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Peter Monahan
13. Birthplace Md.

MOTHER 14. Maiden Name Sarah ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (b) Date thereof 2. 15 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mednwold Memorial
Location Jersey, Md Jack

18 (a) Funeral director Ambrose Inc
(b) Address 414 N Franklintown RD

19 (a) FEB 14 1941 (Date rec'd by Registrar) (b) Hunting for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12- 1941. at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1941, to 2-12 1941, and that I last saw h~~er~~ alive on 2-12- 1941.

Immediate cause of death Carcinoma of stomach with hemorrhage and metastases to liver. — Duration 5 mo. ?
~~Due to~~ Macrocytic anemia

Due to

Other Conditions Hypertensive cardio-vascular-renal disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. H. Billingsley M. D.
Address J. H. Hosp. Date signed 2-12-41

F 77548

77548

BALTIMORE CITY HEALTH DEPARTMENT V46-E Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3027 E. Baltimore Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 E. Baltimore Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HESTER LEE ROBERTS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Clinton Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1872

8. AGE: Years	Months	Days	If less than one day
68	11	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Brooksbury Long
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Hoyt
15. Birthplace Pennsylvania

16 (a) Informant Mr. James C. Roberts, Jr.
(b) Address 3027 E. Baltimore Street

17 (a) Burial (b) Date thereof 2/15/41
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland
18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (a) FEB 14 1941 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1941, at 7:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940, to Feb 12 1941, and that I last saw her alive on Feb 11 1941.

Immediate cause of death	Duration
Terminal Bronchopneumonia	Feb 8/41
Cerebral Hemorrhage	July 1940
Due to Hypertensive Cardio vascular disease	?
Due to	
Other Conditions Carcinoma ascending colon & metastases	Feb 1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Cecum & ascending Colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony J Thomas M. D.
Address 4600 York Road Date signed 2-13-41

77549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 183

F 77549 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Clements St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Babylon

3 (b) If veteran, name war -

3 (c) Social Security Account No. 205-09-6417

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine H. (Wolf)
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 19, 1884

8. AGE: Years	Months	Days	If less than one day
56	9	23	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Freight Checker
11. Industry or business B. & O. Docks

FATHER
12. Name Michael Babylon
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Susan Flagle
15. Birthplace Carroll Co.

16 (a) Informant Mrs. W. S. Babylon
(b) Address 540 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave
18 (a) Funeral director D. F. McCully
(b) Address 130 E. Fort Ave

19 (a) Huntington Williams (Date rec'd by registrar) FEB 14 1941

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12-1941, at 2:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Drowning.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-12-41
(c) Where did injury occur? Pier 10 Fronts Pond (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell Drown

23. Signature Howard J. Andersen M.D. Medical Examiner.
Date signed 2-13-41

VS-6

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6/21 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #F 74501 AND ENDING WITH #F 77549 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Dorothy Booker

END OF REEL